



We Are Columbia

Together we will build a world-class city

City of Columbia Business License Division

Mailing Address: P.O. Box 147, Columbia, SC 29217

Physical Address: 1339 Main Street (1st Floor), Columbia, SC 29201

Phone: 803-545-3345 | Fax: 803-988-8025

Office Hours: Mon-Fri - 8:30 a.m. - 5:00 p.m.

Email: businesslicenseemail@columbiasc.gov

APPLICATION FOR A NEW BUSINESS LICENSE

Business Information

ALL SECTIONS BELOW AND ON REVERSE SIDE OF THIS FORM ARE REQUIRED

Has your business previously registered with Columbia? Yes No

Legal Name of Business:

Db a (doing business as):

Federal ID# or SSN:

State Professional License #:

State Retail Sales #:

Minority Owned Survey

- African American Asian American Hispanic Native American
 Native Hawaiian/Pacific Islander Non-Minority/(Caucasian) Other Prefer not to disclose

Type of Business:

- Corporation - Sole Proprietor (Individual) - LLC - LLP - LP - Partnership

Is this a Nonprofit organization? Additional documentation is required with this application (see instructions for details).

What is the Starting Date of Business in Columbia?: / /

Description of Business Activity: _____

NAICS Code
(if available):

Estimated Gross/Contract Amount: \$

Owner/Principal Information

Name(s) of Owner, Partners, Corporate Officers (List true contact information and attach separate sheet if needed)

NAME/TITLE	ADDRESS	CITY,STATE,ZIP	PHONE	EMAIL

Location/Contact Information

Physical Business Address (P.O.Box not accepted):

City:	State:	ZIP:
-------	--------	------

Business Phone:

License Mailing Address: _____ City, State,Zip:

SAME AS ABOVE

Tax/Renewal Mailing Address: _____ City, State,Zip:

SAME AS ABOVE

Local Business Contact Name: _____ Title:

(For all business related correspondence)

Local Contact E-mail:	Local Contact Phone:
-----------------------	----------------------

Local Contact Alt. Phone:

APPLICATION FOR A NEW BUSINESS LICENSE

Other Information

<input type="checkbox"/> Yes <input type="checkbox"/> No	Home-based Business: Is this business operating from a residential location?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Independent Contractors: Do you have any independent contractors (Form 1099)? If so, names:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Leased Locations: Do you lease or rent the business location? If so, landlord's name and address:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Hospitality Taxes: Do you sell prepared and/or modified foods or beverages? (For example: caterers, convenience stores, grocery stores, restaurants, etc.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Local Accommodations Taxes: Does your business offer accommodations of less than 30 days? For example: hotels, motels, bed & breakfasts, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Decals: Do you need vehicle decals? For example: taxis, contractor/construction vehicles, etc. If so, how many decals are needed (1 per vehicle): _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Amusement Decals: Do you need decals for machines? For example: amusement machines, pool tables, video games, juke boxes, etc. If so, how many decals are needed (1 per machine): _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase this business, did you take over? Former owner's name: Phone: _____ Email: _____ Current Address: _____ City,State,Zip: _____

All Business Licenses Expire Yearly on: April 30th

Applicant Certification

1. The undersigned is aware of and understands the jurisdiction's requirements and codes. Thus, issuance of a business license is contingent upon compliance with all of the jurisdiction's requirements.
2. The undersigned swears or affirms that he/she has completed and/or reviewed all information in this application and that all information contained herein is true and accurate.
3. The undersigned further acknowledges that giving false information in this application or any addending or supplemental forms constitutes cause for denial and revocation of the application or license AND subjects him/her to criminal prosecution for perjury.
4. The undersigned acknowledges the duty and agrees to update and correct this information as it changes.
5. The undersigned understands and authorizes the jurisdiction and its agents to utilize the information on this application to ensure that all other federal, state, and local laws are complied with.

Signature of applicant:	Printed Name:
Title:	Date:

For Office Use Only:

Zoning Approval: Yes No

Business License #:

Decal Requested: Yes No

Type of Decal:

Number of Decals: