



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:

### 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:

DbA (doing business as):

Federal ID# or SSN:

State Professional License #:

State Retail Sales #:

**Minority Owned Survey:**

**Gender:** ☐ Male ☐ Female ☐ Prefer not to disclose

☐ 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:

Business Email:

License Mailing Address:

City, State, Zip:

☐ SAME AS ABOVE

Tax/Renewal Mailing Address:

City, State, Zip:

☐ SAME AS ABOVE

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

**Note:** Operating a business with a physical location within the city limits of Columbia, may require compliance with Zoning, Building, Engineering and Fire departments.

**All Business Licenses Expire Yearly on: April 30<sup>th</sup>**

### 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 addended 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 all other federal, state, and local laws are complied with.

Signature of applicant:

Printed Name:

Title:

Date:

For more information go to <https://businesslicensing.columbiasc.gov/>

Updated February 2023