South Carolina

**Standardized Business License Application**

# City or County: Town of Chesterfield Email to: cftmclerk@shtc.net

**Business Information**

|  |  |
| --- | --- |
| Corporate name: |  |
| Name shown to public: | Open date: |

Organization type:  Sole proprietor  LLC

LLP

LP

Corporation

*Articles of Organization or Incorporation may be required.*







|  |  |
| --- | --- |
| Business activity/type: | NAICS code: |
| Federal ID/SSN #: | State retail sales #: |

Mailing address:



Physical

address:

 Inside jurisdiction, Tax parcel #:

Outside jurisdiction

|  |  |
| --- | --- |
| Contact name, title: |  |
| Contact phone: Ext. | Alternate phone: |
| Fax: | Email: |

# Owner or Principal(s) Information

|  |  |  |
| --- | --- | --- |
| Owner or Principal(s) name(s), title(s): |  | SSN #: |
|  | SSN #: |
| Driver’s license #: | State: | Expiration date: |
| Mailing address: |
| Work phone: Ext. | Cell phone: |
| Fax: | Email: |

**Job/Project Information**

|  |  |
| --- | --- |
| Project start date: | Estimated end date: |
| Project location: | Tax parcel #: |
| Project type:  New construction  Renovation  Other  |
| General contractor name: |  |
| State contractor license #: State: Expiration date:*Copy may be required*Master/specialty license #: |
| Job contact name: | Phone: |
| Total gross revenues of contract amount: $ |
| Gross revenues, inside jurisdiction: $ | Gross revenues, outside jurisdiction: $ |
| Value of authorized deductions: $ | Deduction type(s): |

**Contact your business licensing office 843-623-2131 or email** **cftmclerk@shtc.net** **with questions regarding this form.**

# Other Information

|  |  |
| --- | --- |
|  Yes  No | Buying an existing construction business?*If yes, purchased business’ name:* |
|  Yes  No | Business leasing space to another business? |
|  Yes  No | Mail business license renewals to mailing address listed in the business information section on the previous page?*If not, corporate address:* |
|  Yes  No | Change of use to building? |
|  Yes  No | Erecting a new sign? |
|  Yes  No | Home occupation? |
|  Yes  No | Independent contractors (Form 1099)?*If yes, names:* |
|  Yes  No | Leasing property?*If yes, landlord name and address:* |
|  Yes  No | Restrictive covenants? If yes, provide copy. |
|  Yes  No | Do you sell food or beverages that are prepared and/or consumed on your premises? |

**Applicant Certification** *(Contact the municipality in which you are doing business to determine if a notarized signature is required.)*

1. I hereby certify that all information provided is true and correct to the best of my knowledge and that the gross revenue is accurately reported or estimated for a new business without any unauthorized deduction.
2. I certify that assessments, delinquencies and personal property taxes due to the jurisdiction are fully paid.
3. I understand that providing false or fraudulent information may result in penalties, business license revocation and/or prosecution to the fullest extent possible.
4. I am aware of and understand the jurisdiction’s requirements and codes, and the issuance of a business license is contingent upon strict and consistent compliance with all of the jurisdiction’s requirements.
5. I understand that failure to comply with these requirements may result in business license revocation as well as other compliance or legal efforts.
6. I also understand and authorize the jurisdiction and its agents to utilize all information on this application to ensure that all other federal, state and local laws are complied with.

|  |
| --- |
| Applicant printed name: Signature: |
| Title: Date: |

**For Office Use Only**

|  |
| --- |
| **Approved by all necessary departments?**  Yes  No |
| **Comments** |
| **Approved?**  Yes  No | Date: |  |
| **Business license #:** | Rate class: |  |
| **Rate** Base rate: $ | Every $1,000 after: $ |  |
| **Amount due** Fee: $ | Penalties: $ | Total: $ |
| **Decal required?**  Yes  No | Cost/each: $ | Total: $ |
| **Receipt** Amount paid: $ | Date paid: | Number of decals: |
| **Staff name:** | Signature: | Date: |

**Contact your business licensing office 843-623-2131 or email** **cftmclerk@shtc.net** **with questions regarding this form.**

*Updated December 2022*