



# CITY OF BEAUFORT BUSINESS LICENSE APPLICATION

Phone: (843)525-7025  
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1911 Boundary St.  
Beaufort, SC 29902

Website: <http://www.cityofbeaufort.org>  
Email: [buslicense@cityofbeaufort.org](mailto:buslicense@cityofbeaufort.org)

Application Date: \_\_\_\_\_ Date Business Started: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_ DBA: \_\_\_\_\_

Physical Address of Business: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Owner's Address (if different than above): \_\_\_\_\_

Landlord / Lessor - Name/Address (In-City Business): \_\_\_\_\_

Point of Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business:  Single Proprietorship  Partnership  Incorporated  Limited Liability Company

Federal Tax ID # \_\_\_\_\_ State Sales Tax # \_\_\_\_\_ Social Security # \_\_\_\_\_

### CLASSIFICATION OF BUSINESS:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Retail Sales   | <input type="checkbox"/> Service(professional/personal) | <input type="checkbox"/> Hotel/Motel/Inn/B&B |
| <input type="checkbox"/> Restaurant/Bar | <input type="checkbox"/> Service/Repair                 | <input type="checkbox"/> Short Term Rental:  |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Sexually Oriented              | <input type="checkbox"/> Other: _____        |

Explain product(s) to be sold and/or services to be provided (in detail): \_\_\_\_\_

\_\_\_\_\_

**OUT OF CITY BUSINESS ONLY:** Estimated inside City of Beaufort *gross revenue* for the current year \_\_\_\_\_

**\*\*\*Copy of DHEC Health Certificate required for all food preparation businesses and/or S.C. State retail license if applicable.**

I certify that all information given on this application is true and correct.

<b>Signature</b>	<b>Print Name</b>	<b>Title</b>	<b>Date</b>
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**South Carolina Construction Trade Licenses/Registrations (Official Use Only)**

SC License #: \_\_\_\_\_ Specialty/ Residential / General Contractor/ Mechanical

Classification: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

**Official Use Only:** \_\_\_\_\_ Owner/ Change of Information

Account Number \_\_\_\_\_ NAICS \_\_\_\_\_ TYPE \_\_\_\_\_ CODE \_\_\_\_\_ ID \_\_\_\_\_