

License # _____



John J. Tecklenburg
Mayor

City of Charleston
South Carolina

Joshua D. Richards
Director

Revenue Collections Division

NEW BUSINESS LICENSE APPLICATION

(Office use only) NAICS CODE _____

(Office use only) CLASS _____

Please print legibly all available information

Business Name _____ DBA _____

Retail License No. _____ Federal ID No. _____

Contractor License No. _____ DL No. _____

Entity Type (check one): Sole Proprietorship Partnership Corporation LLC

Physical Address _____ Zip Code _____

Business Phone Number _____ Cell _____ Fax _____

Mailing Address _____ Zip Code _____

Email Address _____ Web Address _____

Business Activity Description _____

Will you sell prepared meals, food, or beverages? yes or no **If yes, business is subject to hospitality tax**

Is business location within City of Charleston? yes or no **If yes:** home based or storefront/office

Owner Name _____
(last name) (first name) (middle initial)

Owner Title _____ Owner Email _____

Owner Address _____ Zip Code _____

Owner Phone Number/Cell Number _____

Contact Person _____ Contact Email _____

Date Business Opened/Started in City Of Charleston _____

Will you rent accommodations? yes or no **If yes, business is subject to state and local accommodations taxes**

Landlord Name _____

Estimated Gross Receipts from Open Date through 12/31 _____

I certify the above information is true and accurate. _____ Date _____
(signature of applicant)