

Business License Office

Phone (843) 525-7025

Fax (843) 470-3517

Codes Enforcement Office

Phone (843) 525-7040

Fax (843) 986-5606

**CITY OF BEAUFORT
BUSINESS LICENSE DIVISION**

1911 Boundary St.

Beaufort, SC 29902

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Temporary License (Pay-per-job) Application

Is your business physically located within the City limits of Beaufort Yes No

Name of Business _____

Owner's Name _____

Physical Address of Business making application:

Street Address _____ City _____ State _____ Zip _____ Phone # _____ FAX # _____

Mailing Address (if different): _____

E-Mail Address: _____ Driver License #: _____

Type of Business: Single Proprietorship Partnership
 Incorporated Corporation LLC

Federal Tax ID # _____ State Sales Tax # _____ Social Security # _____

Type of Work/Trade being performed: _____

Job location: _____

General Contractor: _____

Permit Number: _____ Dollar Amount of Job: _____

South Carolina Construction Trade Licenses/Registrations

SC Residential Home Builders # _____ SC General Contractor # _____

SC Mechanical License # _____ Classification _____

SC Specialty Registration # _____ Classification _____

An individual or company cannot perform any work without a valid South Carolina license or registration for the trade listed unless they are subcontracting and performing under another licensed business/individual and meets all South Carolina State Codes and Regulations.

A copy of your City of Beaufort license must be on the job site at all times. If not you and/or your business may be in violation of City Ordinance Section 7-1008 and may be ticketed for violation of this ordinance. Failure to comply with State Codes and City Ordinances or providing false information may cause the business license to be suspended by the City of Beaufort.

I certify that I have completed this application and read and understand the terms by which this license is being issued and that all information on this application is true and correct.

Print Name _____ Signature _____ Date _____