



ANNUAL BUSINESS LICENSE APPLICATION

Business License Division
1911 Boundary Street, Beaufort, South Carolina, 29902
p. (843) 525-7025 / e. buslicense@cityofbeaufort.org

Business Information

Business/Corporate name: _____ DBA: _____

Owner's name: _____

Organization type: Sole proprietor Partnership Incorporated Corporation LLC

Physical address: _____

Mailing address: _____

Federal ID #: _____ SSN #: _____ State Retail Sales #: _____

S. C. LLR License #: _____ Type: _____ Expiration date: _____

Driver's license #: _____ State: _____ Expiration date: _____

Contact name, title: _____

Contact phone: _____ Ext. _____ Email: _____

Landlord/Lessor Information (in-city business only)

Name: _____ Address: _____

Classification of Business

Retail Sales Service (professional/personal) Hotel/Motel/Inn/B&B
 Restaurant Service/Repair Short Term Rental
 Construction Sexually Oriented Other

Explain product(s) to be sold and or services to be provided: _____

Out of city business only: Estimated inside City of Beaufort *gross revenue* for the current year: _____

Certification of Correctness: I certify that the information in this application is correct.

Print Name

Signature

Date

FOR OFFICIAL USE ONLY

Account Number _____ NAICS _____ CATEGORY _____ TYPE CODE _____