



# CITY OF BEAUFORT BUSINESS LICENSE APPLICATION

Phone 843/525-7025  
FAX: 843/470-3517

1911 Boundary St.  
Beaufort, SC 29902

Application Date \_\_\_\_\_ Date Business Started \_\_\_\_\_ In City? Y / N

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

Physical location of business: \_\_\_\_\_

Mailing Address (if different from location): \_\_\_\_\_

Business Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Type of Business:  Single Proprietorship  Partnership  
 Incorporated  Corporation

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

### CLASSIFICATION OF BUSINESS:

- Retail Sales
- Restaurant/Bar
- Sexually Oriented
- Other:
- Service(professional/personal)
- Service/Repair (construction trades)
- Hotel/Motel/Inn/B&B
- Construction

### CONSTRUCTION TRADES (List applicable SC State Licenses/Registration Numbers)

SC Residential Home Builders Lic # \_\_\_\_\_

SC General Contractor Lic # \_\_\_\_\_

SC Mechanical Lic# \_\_\_\_\_

SC Residential Specialty Registration # \_\_\_\_\_

\_\_\_\_\_ Work classification on license

\_\_\_\_\_ Work classification on registration

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

### OUT OF CITY BUSINESS ONLY:

Estimated in-city gross revenue for remainder of this year \$ \_\_\_\_\_

**CONSTRUCTION TRADES ONLY:** Job location: \_\_\_\_\_  
General Contractor \_\_\_\_\_

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

Signature	Print Name	Title	Date
-----------	------------	-------	------

### Official Use Only

<input type="checkbox"/> New	<input type="checkbox"/> OTD License
<input type="checkbox"/> Owner/Address Change	<input type="checkbox"/> Annual License
Account Number _____	Classification _____
Rate Class _____	SIC _____

Initial Year License Fee \_\_\_\_\_ Subsequent years : Base fee \_\_\_\_\_ Per \$1000 rate \_\_\_\_\_