TEMPORARY BUSINESS LICENSE
PAY-PER-JOB APPLICATION

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

Please provide a valid driver's license and SC Contractor's License for construction trades

Business Information

Business/Corporate name: _____ DBA: _____

Owner's Name: _____

Organization type: ☐ Sole proprietor ☐ Partnership ☐ Incorporated ☐ Corporation ☐ LLC

Business activity/type: _____

Physical address: _____

Mailing address: _____

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

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

State Contractors License #: _____ Type: _____ Expiration date: _____

Contact name, title: _____

Contact phone: _____ Ext. _____ Email: _____

Job/Project Information

Project location: _____

General Contractor Name: _____

Scope of Work: _____

Total Gross Contract Amount: $_____

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

_____

Print Name Signature Date

FOR OFFICIAL USE ONLY- Conditions/Comments: _____

_____

Account Number_____ NAICS_____ TYPE_____ CODE_____