



# DORCHESTER COUNTY PLANNING & CODES ENFORCEMENT

500 N MAIN ST, BOX 3  
SUMMERVILLE SC 29483

PHONE (843)832/563-0018  
FAX (843)832/563-0037

FEE _____	OFFICE USE ONLY	LICENSE # _____
CASH /CHK# _____	YES _____ NO _____	RECEIPT# _____
		SIC CODE _____

## APPLICATION FOR COUNTY BUSINESS LICENSE

BUSINESS NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSINESS ADDRESS:

(STREET) \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME OF OWNER/OFFICIER: \_\_\_\_\_

MAILING ADDRESS & PHONE: \_\_\_\_\_  
(IF DIFFERENT)

FEDERAL I.D. OR S.S.# \_\_\_\_\_ RETAIL LICENSE# \_\_\_\_\_

TOTAL GROSS RECEIPTS FOR YEAR ENDING \_\_\_\_\_ \$ \_\_\_\_\_

THE FOLLOWING ONLY NEEDS TO BE NOTARIZED IF THE MAILING ADDRESS IS LOCATED OUT OF THE STATE OF SOUTH CAROLINA IN ACCORDANCE WITH THE BUSINESS LICENSE ORDINANCE 91-08, OF DORCHESTER COUNTY, I HEREBY MAKE APPLICATION FOR A BUSINESS LICENSE, THEREUNDER;

I UNDERSTAND THAT PURSUANT TO A RULING BY IRS, THE COUNTY REQUIRES A COPY OF THE APPROPRIATE FEDERAL TAX RETURN OR INCOME STATEMENT BE ATTACHED HERETO, FOR AUDIT PURPOSES.

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

OATH OF APPLICANT:  
PERSONALLY APPEARED BEFORE ME \_\_\_\_\_, WHO BEING DULY SWORN STATES THAT THE ABOVE INFORMATION, WHICH HE IS IN POSITION TO KNOW, IS TRUE AND CORRECT AND THAT HE IS AUTHORIZED TO MAKE SUCH APPLICATION.

SWORN TO THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY PUBLIC \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

TMS# \_\_\_\_\_

TAXES PAID \_\_\_\_\_