

CITY OF CHARLESTON

Business License Certificate of Occupancy

OFFICE ADDRESS: Permit Center, 2 George Street
MAILING ADDRESS: PO Box 22009, Charleston, SC 29413-2009
permits@charleston-sc.gov
www.charleston-sc.gov/revenuecollections



Application is for:

New Business Address Change Change Hours Change Ownership Name Change Other

Name of Business: _____ DBA _____

Physical Address: _____ Suite/Apt. # _____ Tax Map #: _____

Retail License Number: _____ Federal Tax ID Number: _____

Business Activity Description: _____

Previous business name and use at this location: _____

Estimated gross receipts from open date through April 30th: _____

Please read the following and mark the box that applies to you:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1) Has the location of your business had a building permit in the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Are you changing the use of the building? (Ex: house to office, office to restaurant or deli, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Are you making any changes to the building structure? (Ex: add or remove: walls, doors, stairs, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Are you adding or changing heating, ventilation, air conditioners, or refrigeration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Are you adding or changing plumbing? (Ex: sinks, toilets, showers, bathtubs, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Are you adding or changing electrical? (Ex: new lights, switches, outlets, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Are you adding new signage or altering existing signage? If so, contact permits@charleston-sc.gov . | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Will you rent accommodations? If yes, business is subject to state and local accommodations taxes. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Will you sell prepared meals, food or beverages? If yes, business is subject to a hospitality tax. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Will your business serve beer, wine, or liquor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Is this business a short-term lender or deferred presentment lender that is regulated by Chapter 39 of Title 34 of the Code of Laws of South Carolina, 1976, as amended? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Is your building equipped with any of the following: <i>check all that apply</i> | | |

Cooking Equipment Fire Sprinkler Fire Alarm Kitchen Fire Suppression System

13) Will you be storing or using any of the following: *check all that apply*

Hazardous Materials High-rack storage (over 12') Compressed Gas Cylinders
More than 10 gals of combustible or flammable liquid None of the above

14) Will you be caring for children? If yes, list the number of children: _____ and the minimum age _____

15) What is your anticipated maximum number of occupants? _____

Please Clearly Complete the Following Information:

Business Entity Type: Sole Proprietor Partnership Corporation LLC

Business Mailing Address: _____ Zip Code: _____

Owner of Business: _____

Owner's Mailing Address: _____ Zip Code: _____

Owner's Business Phone: _____ Cell: _____

Owner's Email Address: _____

Emergency Contact Name (Local): _____ Telephone: _____

Hours of Operation: _____ Number of Employees: _____

Number of Buildings Used for Business: _____ Total Number of Square Feet: _____

Number of Square Feet Used for Storage: _____ Number of Square Feet for Patron/Customer Use: _____

Number of Square Feet for Office Area: _____ Number of Bathrooms: _____

Number of Parking Spaces: _____ Number of Trucks/Vehicles: _____

Number of Off-Street Loading and Unloading Spaces: _____

Owner of Building: _____

All applications require a floor plan. Assemblies, educational and institutional facilities must have a floor plan sealed by a design professional. Please submit one electronic set of plans in PDF format OR three scaled drawings on 8.5 x 14 (Legal) size paper with rooms labeled indicating gross floor area, patron use area, bathrooms with fixtures, tables, chairs, doors with width and swing, and other obstructions.

APPLICANT'S STATEMENT OF COMPLIANCE

I (we) hereby make application for a Business License Certificate of Occupancy for the property to be used as indicated above. I have read and examined this application and know the same to be true and correct. I (we) attest that I am (we are) in compliance and will maintain all applicable City of Charleston Code & Zoning Ordinances and South Carolina Building & Fire Codes in order for the Business License Certificate of Occupancy to remain valid once issued. I (we) further understand that this certificate is subject to cancellation if any misrepresentations have been made or if any changes are made which violate any applicable City of Charleston Ordinances or South Carolina Codes.

Date: _____ Signature: _____

Telephone: _____ Print Name: _____

Owner () Agent ()

DISCLAIMER: Providing the requested demographic information is voluntary and any sensitive personally identifiable information will not be shared publicly. The use of disaggregated data is an important tool to improve equity in the delivery and assessment of the City of Charleston’s services, programs, and policies. The City of Charleston is collecting this information to more effectively use data to inform decision-making and improve service and resource efficiencies.

DEMOGRAPHIC QUESTIONS: Please select one option for each category.

Ethnicity:

Are you of Hispanic, Latino, or Spanish origin?

Yes

No

Prefer not to answer

Race:

Please select the racial category with which you most closely identify:

American Indian or Alaska Native

Asian

African American

Native Hawaiian or Other Pacific Islander

White

Prefer not to answer

Gender:

Male

Female

X (intersex, non-binary, and gender non-conforming persons)

Prefer not to answer