CITY OF CHARLESTON
Business License Application
www.charleston-sc.gov/BL

Submit complete application to the Permit Center, email to businesslicense@charleston-sc.gov, or mail to Revenue Collections: PO Box 22009, Charleston, SC 29413-2009.

BUSINESS LICENSE INFORMATION

NAICS Code(s): _____

Business Name: _____ **DBA** (*Doing business as*)**:** _____

Federal Tax ID Number: _____ **Driver's License Number:** _____

Type of Business: ☐ LLC ☐ Corporation ☐ Sole Proprietor ☐ Partnership ☐ Non-profit

Business Physical Address: _____ **Suite/Unit #:** _____ **City:** _____ **State:** ___ **Zip:** _____

Business Mailing Address: _____ **Suite/Unit #:** _____

Business Owner Name: _____ **Email:** _____ **Phone:** _____

Contact Name: _____ **Email:** _____ **Phone:** _____

Is this business located within the City of Charleston? ☐ Yes ☐ No

If yes: ☐ Home Office ☐ Booth Rental (ex. hair salon) ☐ Co-working Space ☐ Other: _____

Do you have a Customer Self Service (CSS) Account? If yes, include CSS account Email**:** _____

Business Activity Description: _____

Hours of Operation: _____ **Requested Open Date:** _____

Estimated Gross Income from Open Date through April 30th: _____

FOR CONTRACTOR USE ONLY

SC Contractor License Number: _____ **Start date of work in the city:** _____

Cost of Project: _____ **Address of Project:** _____

Please read the following and check all that apply:

☐ Yes ☐ No **1. Will this business sell prepared meals, food, or beverages?** *If yes, business is subject to Hospitality Taxes.*

☐ Yes ☐ No **2. Will this business sell beer, wine, or liquor?**

☐ Yes ☐ No **3. Will this business rent accommodators (*ex. Short Term Rental*)?** *If yes, business is subject to state and local Accommodations Taxes.*

☐ Yes ☐ No **4. Is this business a deferred presentment lender or title loan lender?** As regulated by Deferred Presentment Act Title 34 Chapter 39 of the Code of Laws of South Carolina.

☐ Yes ☐ No **5. Will this business be caring for children?** *If yes,* list the number of children: _____ and the minimum age: _____

SUPPLEMENTAL INFORMATION

SINGLE-USE PLASTICS REGULATIONS: Single-use plastic carryout and merchandise bags, as well as certain plastic carryout and food packaging items, such as foam containers and plastic straws and stirrers are not allowed within Charleston city limits. Learn more and view the official City code at www.charleston-sc.gov/plastic.

_____ (INITIAL) I agree that I understand and will comply with the single-use plastic regulations. (Article V: Environmentally Acceptable Packaging and Products).

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 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

I (we) certify the information in this application to be true and accurate: _____

Date: _____