

**RICHLAND COUNTY GOVERNMENT  
COMMUNITY PLANNING & DEVELOPMENT  
BUSINESS SERVICE CENTER**

2020 Hampton Street, Suite 1050, P.O. Box 192, Columbia SC 29202  
T 803-576-2287 | F 803-576-2289 | TDD 803-576-2045  
bsc@richlandcountysc.gov | richlandcountysc.gov/bsc



## CLEARANCE FORM

- This form documents that a business has received all necessary approvals and met all necessary requirements to operate each type of business activity. Approvals needed depend upon business location, type, and use.
- **It is a business' responsibility to obtain all necessary approvals – a local contact is required.** (Booth renters do not need to use this form.) Complete one form for *each* business activity.
- **Return the original, completed form to the Business Service Center.** Faxes are *not* accepted.
- A **\$26.33** Zoning fee is required for each Clearance Form, along with any other applicable fees/taxes. (Staff will notify you of the total amount to be paid **after** approval process.)
- **All** approvals must be obtained and requirements met **before** a business license will be issued.

### **STEP 1** – Complete all information below (and top of Page 2).

#### **Select Reason(s) for Completing Form:**

- New business or  Existing business
- Change in physical location/address
- Change in or Addition of Business Activity/Use
- Change in Ownership
- Internal staff review to verify compliance

\* Home-based businesses must also complete a *Home Occupation application*. (Available **here**.)

\*\* If in a new commercial structure, a copy of the CO is needed to continue the business license application process. (You may obtain a copy from the Building Inspections Division.)

#### **Select Structure Type:**

- Residence (Home-based business)\*
- New Commercial\*\*
- Existing Commercial

#### **Business Information** (All fields are required.)

- 1) Business (Corporate) Name: \_\_\_\_\_
- 2) Doing Business As (as seen by public): \_\_\_\_\_
- 3) Business Location (*suite*, street, *CITY*, *ZIP*): \_\_\_\_\_
- 4) **Mailing** Address: \_\_\_\_\_
- 5) Is this an IRS 501(c) tax-exempt organization?  Yes, Section # \_\_\_\_\_  No
- 6) Tax Map #: \_\_\_\_\_ (Leave blank – staff will look up this number for you.)

#### **Certification of Business Activity** Failure to initial will result in a denied application.

By initialing below, you attest (1) to the accuracy of your responses, (2) that you understand the terms and definitions used, (3) that you have asked any questions of the appropriate staff, and (4) that you agree to fully comply with the requirements indicated on this form. (Code Section 26-22 addresses sexually oriented business requirements.)

- 7) ***SPECIFIC*** Business Activity: \_\_\_\_\_ 2017 NAICS Code: \_\_\_\_\_  
(See the NAICS [website](#).) **I understand and agree to comply with the requirement that no other business activity is permitted unless approved in advance with a Clearance Form.** **INITIAL:** \_\_\_\_\_
- 8) Are *any other* business activities occurring at or planned for this location?  Yes\*  No  
\* If yes, another Clearance Form **must** be completed for each activity occurring or being planned.
- 9) Is this a Sexually Oriented Business, or *going to be*? Yes No **INITIAL:** \_\_\_\_\_

**Local Contact Person**

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Work # \_\_\_\_\_ Home #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Cell # \_\_\_\_\_

**Person Completing Form**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Home #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**STOP!**

**STOP!**

**STEP 2**

Bring this form to the Business Service Center; staff will indicate which requirements apply. Initial your acknowledgment of these requirements. Complete these forms or requirements only AFTER obtaining Zoning approval. Unique business activities may have other requirements not shown here.

Requirements					
County Forms provided <u>to YOU</u> (to return)		Applies	N/A	Customer Initials	Returned to BSC
1.	Application for New Business License	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2.	Change of Address Form	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
3.	Change of NAICS Code Form	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
4.	Declaration of Qualifications	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
5.	Hazardous Materials Certification Form	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
6.	Hospitality Tax Certification Form	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
7.	Hospitality Tax Enrollment Form	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
8.	Local Accommodations Tax (New BL App)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
9.	Peddler's License Application	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
10.	Pet Breeders License Application	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
11.	Precious Metals Permit Application	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
12.	Certificate of Occupancy (CO) copy	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Other documentation required <u>FROM YOU</u></b>					
13.	SC DHEC: licenses	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
14.	SC DOR: Alcohol/Liquor License	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
15.	SC DOR: Retail License	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
16.	SC DOR: Wholesale License	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
17.	SC DSS: Registration (copy)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
18.	SC LLR: occupational licenses	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
19.	IRS: 501(c) documentation (IRS letter)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Printed Name of BSC employee: \_\_\_\_\_ Date: \_\_\_\_\_



**DHEC: Bureau of Environmental Health Services**

8500 Farrow Rd., Bldg. 12 803-896-0620

Documentation showing DHEC approval must be emailed with your license application.

**DHEC: Health Licensing**

301 Gervais St. 803-545-4370

Documentation showing DHEC approval must be submitted with your license application.

**DSS: License/Registration**

2638 Two Notch Rd., Suite 220 803-898-9001

Businesses caring for children may be required to be licensed or registered with DSS.  
(See State Code Section 63-13-10 et. seq. for more information.)

**STEP 4**

Return the original, completed Clearance Form with all necessary forms and documentation indicated in Step 2 to the Business Service Center. Be prepared to pay the Zoning Review Fee plus the business license fee.

**Business Service Center**

803-576-2287 1<sup>st</sup> floor, County bldg., Suite 1050

Name of employee receiving form: \_\_\_\_\_ Date: \_\_\_\_\_

- All required information has been completed. **(STEP 1)**
- Any other business activities also have approved Clearance Forms. **(Question 8)**
- All required documents have been emailed with the Clearance Form. **(STEP 2)**
- All spaces for initials have been initialed. **(Steps 1 and 2)**
- All necessary approvals have been received and signed without conditions. **(STEP 3)**
- The Zoning Review Fee and any other required fees/taxes have been paid.

Approved – Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

Disapproved – Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

If disapproved, the reason(s) is indicated below:

Comments: \_\_\_\_\_

Please contact \_\_\_\_\_ at \_\_\_\_\_ for more information.