

BUSINESS OR PROFESSIONAL LICENSE CLEARANCE FORM

12 W. Liberty St., P.O. Box 1449, Sumter, SC 29151

Phone: 803-774-1601; FAX: 803-774-1688

OFFICE USE ONLY

SIC #: _____

Date Rec'd: _____

Time Rec'd: _____

Clearance forms are required for all businesses located in the City or County of Sumter, SC. Any new business, or change of location or ownership for an existing business, should complete this form and return it to the business license office.

Name of Business: _____

Physical Address of Business (No P.O. Boxes): _____
(street)

(City, State & ZIP Code)

Phone Number of Business: _____

Business Owner: _____
(name)

(phone number)

(street address, city, state, ZIP)

(email address)

Property Owner: _____
(name)

(phone number)

(street address, city, state, ZIP)

(email address)

Type of Business- **Please describe all activities in which the business will engage.**

Is this a Home Based Business

Home Day Care

Type of Structure Residence

Office

Warehouse

Factory

Store

Other _____

Previous Use: _____

Total Square Feet: _____

Tenant Square Feet: _____

If the structure was previously used as a business, date that business closed: _____

Are there any proposed changes to the interior or exterior of the structure: _____
(yes or no)

Before a business license can be issued, it will be necessary to get the required approvals. Approvals required

depend on the location and nature of your business.

In the event of a change of location or ownership of a business, the same procedure shall be followed within ten (10) days of the change.

The 2% Hospitality Fee applies to all restaurants, convenience stores, grocery stores, ice cream parlors, bakeries, night clubs, caterers, or other food service facilities. (Ask Business License personnel for report forms and details.)

The 3% Local Accommodation Fee applies to all motels, hotels, or other lodging facilities that rent to persons who stay less than 90 days. (Ask Business License personnel for report forms and details.)

If for some reason you have a problem, please do not hesitate to call our office at (803) 774-1601. Office hours are Monday through Friday from 8:30 AM to 5:00 PM.

NOTICE: You should confirm that no restrictive covenants are on this property which would limit your right to perform the activity for which you seek approval. If such restrictive covenants do exist, surrounding property owners may be able to have a court stop your activity even if the City grants you a license to perform the contemplated activity. In granting this license, the City/County does not attempt to determine if there are restrictive covenants. This determination is the sole responsibility of the applicant. The acceptance of this application for review and the payment of any fees does not constitute the approval of this application. Approval is granted only upon the receipt of a business license. THIS APPLICATION IS NOT A LICENSE. () Initial here.

I state that I have read all of this form and that the information I have provided is true and correct. I also agree to abide by all laws, codes, and regulations of the City and County of Sumter and the State of South Carolina.

(CLEARLY PRINT NAME)

(SIGNATURE)

(DATE)

Please check all that apply.

- Property Owner
- Business Owner
- Agent

OFFICIAL USE ONLY

Approval:

City

County

	Approve	Disapprove	Signature	Date
Planning Commission				
Fire Inspection				
Building Inspection				

Comments: