



Richland County Business Service Center

2020 Hampton Street, Suite 1050
P.O. Box 192
Columbia, SC 29202

Phone: (803) 576-2287
Fax: (803) 576-2289
bsc@rcgov.us
<http://www.rcgov.us/bsc>

CLEARANCE FORM

Clearance forms are required for all businesses located in the unincorporated areas of Richland County to ensure businesses receive all necessary approvals to operate. The approvals needed depend upon the business location and type. The approvals must be obtained before a business license will be issued. **It is a business' responsibility to obtain all necessary approvals.** (Hair and nail booth renters are *not* required to complete or submit this form.)

Step 1 – Complete the first page of this form. (NOTE! FAXED FORMS ARE NOT ACCEPTED.)

Select Appropriate Reason for Completing Form – Each has an additional form required.

- | | | |
|---|--|--|
| <input type="checkbox"/> New business or | <input type="checkbox"/> Existing, obtaining first license | <u>Structure Type:</u> |
| <input type="checkbox"/> Change in physical location, Address | | <input type="checkbox"/> New Commercial |
| <input type="checkbox"/> Change in Business Activity | | <input type="checkbox"/> Existing Commercial |
| <input type="checkbox"/> Change in Ownership | | <input type="checkbox"/> Residence (Home-based business) |

If in an existing commercial structure, is the structure use the same as before? Yes No

** If in a new commercial structure, a copy of the CO is needed to obtain a business license.

Business Information (All fields are required.)

- 1) Name of Business: _____
- 2) Business Location (street, city, zip): _____
- 3) **Mailing** Address: _____
- 4) *Tax Map #: _____ Type of Business: _____
- 5) NAICS Code: _____ (if unknown, go to <http://www.census.gov/epcd/naics07/>)
- 6) Is this a Sexually Oriented Business, or *going to be*? Yes No Initial: _____

* If you need assistance in finding the Tax Map #, you may:

- (1) find it online at <http://www.richlandonline.com/services/assessorsearch/assessorsearch.asp>,
- (2) look at the business' property tax bill, or
- (3) call the Assessor's Office at 576-2640.

Owner Information

Check if the owner is the business contact person

- 7) Name: _____
- 8) Phone numbers: (wk) _____ (h) _____ Emergency: _____
- 9) E-mail address: _____

Person Completing Form

Check if this is the business' contact person

- 10) Name (Printed): _____ Signature: _____
- 11) Title: _____ Date: _____
- 12) Office phone #: _____ Cell phone #: _____
- 13) E-mail address: _____

Step 2 – Obtain only the approvals that are checked, in the order that they appear.

Zoning Division **576-2180** 1st floor, County bldg.
 Approved _____
 Disapproved Signature _____ Date _____
Comments: _____

Business Service Center **576-2287** 1st floor, County bldg.
 Paid \$25.00 (non-refundable.) Ticket ID #: _____ Date: _____

Fire Marshal **576-3400**
 Approved _____
 Disapproved Signature _____ Date _____
Comments: _____

DHEC: Environmental Health **576-2910** Rm. 1058, Health Dept.
 Approved _____
 Disapproved Signature _____ Date _____
Comments: _____

DHEC: Health Licensing **545-4370** 1777 St. Julian Place, 4th Floor
 Approved _____
 Disapproved Signature _____ Date _____
Comments: _____

Step 3 – Return the completed, original Clearance Form and any other necessary forms or documents to the Business Service Center. (New businesses and ownership changes: be prepared to pay for your business license when you come, cash or check only.)

Business Service Center **576-2287** 1st floor, County bldg.
 Approved _____
 Disapproved Signature _____ Date _____
Comments: _____
