

**Charleston County**  
**Bus. License/User Fee Dept.**  
4045 Bridge View Dr  
North Charleston, SC 29405

Phone: (843) 202-6080  
Fax: (843) 202-6066



**McClellanville**  
**Town Offices**  
405 Pinckney Street  
McClellanville, SC 29458

Phone: (843) 887-3712  
Fax: (843) 887-3094

## Town of McClellanville Business License Application Form

DATE OFFICIALLY OPENED \_\_\_\_\_

FEDERAL ID # OR SOCIAL SECURITY # \_\_\_\_\_

SC TAX RETAIL # (if applicable) \_\_\_\_\_

BUSINESS NAME & DBA NAME (if applicable) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

LOCATION PHONE # \_\_\_\_\_ CELLULAR # \_\_\_\_\_

BUSINESS LOCATION \_\_\_\_\_

OWNER/AGENT'S NAME \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

HAVE YOU OPERATED THIS TYPE OF BUSINESS BEFORE? Y/N \_\_\_\_\_

IF YES, DID YOU MOVE FROM ANOTHER LOCATION? Y/N \_\_\_\_\_

### **RESIDENT BUSINESSES**

### **NON-RESIDENT CONTRACTORS**

ESTIMATED GROSS INCOME \_\_\_\_\_

ESTIMATED COST OF PROJECT \$ \_\_\_\_\_

FROM DATE OPENED \_\_\_\_\_

FIRST LICENSE THIS CALENDAR YEAR

UNTIL DECEMBER 31 \$ \_\_\_\_\_

ADJUSTMENT TO EXISTING LICENSE

*If you moved from another location, report based on prior year's gross income*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **OFFICE USE ONLY**

CLASS: \_\_\_\_\_ TYPE: \_\_\_\_\_ SUB-TYPE: \_\_\_\_\_ FEE: \$ \_\_\_\_\_

ZONING APPROVAL ATTACHED: \_\_\_\_\_

JURISDICTION CODE: \_\_\_\_\_ JOB SITE: \_\_\_\_\_