



**Business Registration Application**  
 401 W. Main St. • P.O. Drawer 552  
 Dillon, SC 29536  
 Office (843) 774-1416  
 Fax (843) 841-3729

Application Year _____
Registration # _____
Date Filed _____
<b>OFFICE USE ONLY</b>
<input type="checkbox"/> New Registration
<input type="checkbox"/> Renewal
<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Location Change
<input type="checkbox"/> Out of Business Closing Date _____

**Business Information (required)**

Business Name \_\_\_\_\_  
 Physical Business Location \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**Business Owner Information (required)**

Name \_\_\_\_\_  
 C/O \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_  
 Number of Employees \_\_\_\_\_

<b>Ownership (Check one)</b>	
<input type="checkbox"/>	Corporation
<input type="checkbox"/>	Individual
<input type="checkbox"/>	Partner
<input type="checkbox"/>	LLC
<input type="checkbox"/>	LLP

**Business Type (required, check one)**

<input type="checkbox"/>	Agricultural, Forestry, Fishing, Hunting
<input type="checkbox"/>	Mining
<input type="checkbox"/>	Utilities
<input type="checkbox"/>	Construction
<input type="checkbox"/>	Manufacturing
<input type="checkbox"/>	Wholesale Trade
<input type="checkbox"/>	Retail Trade
<input type="checkbox"/>	Transportation & Warehouse
<input type="checkbox"/>	Information
<input type="checkbox"/>	Finance & Insurance

<input type="checkbox"/>	Bars, Taverns, Pubs, Nightclubs
<input type="checkbox"/>	Professional Scientific & Technical Services
<input type="checkbox"/>	Management of Companies & Enterprise
<input type="checkbox"/>	Administration & Support
<input type="checkbox"/>	Waste Mgmt & Remediation
<input type="checkbox"/>	Education Services
<input type="checkbox"/>	Healthcare & Social Assistance
<input type="checkbox"/>	Arts, Entertainment & Recreation
<input type="checkbox"/>	Accommodation & Food Services
<input type="checkbox"/>	Real Estate, Rental & Leasing
<input type="checkbox"/>	Other Service: _____

**Additional Information (required)**

Is this business registered with the Secretary of State of South Carolina? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 SCDOR Reference # \_\_\_\_\_ Federal ID # / SSN \_\_\_\_\_

Person Completing Application (Print Name) _____	
Title of Applicant _____	
Email _____ Fax _____	
I attest, under penalty of perjury, I am in compliance with the Immigration Reform and Control Act of 1986 (Department of Homeland Security Form I-9, Employment Eligibility Verification)	
Signature _____	Date _____
<b>New businesses <i>MUST</i> register with the County prior to beginning operation.          RENEWAL BUSINESS REGISTRATIONS MUST BE FILED PRIOR TO <i>DECEMBER 31</i> EACH YEAR.          REGISTRATION FEE IS \$15.00</b>	