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INTERNET REGISTRATION: **www.sctax.org**
TELEPHONE (803) 898-5872
Mail TO:
SC DEPARTMENT OF REVENUE, REGISTRATION UNIT, COLUMBIA, SC 29214-0140

SID# _____
W/H _____
SALES _____
USE _____
LICENSE TAX _____
14-2601

TAXES TO BE REGISTERED FOR THIS BUSINESS LOCATION

- WITHHOLDING (complete section A)
- SALES (complete section C; \$50.00 license tax is required)
- Nonresident Withholding Exemption (complete section B)
- PURCHASER'S CERTIFICATE (complete section D)

COMPLETE BOTH SIDES OF THIS APPLICATION

PLEASE PRINT OR TYPE ALL INFORMATION

<p>1. OWNER, PARTNERSHIP, OR CORPORATE CHARTER NAME</p> <hr/> <p>3. PHYSICAL LOCATION OF BUSINESS REQUIRED (NO P.O. BOX)</p> <p>STREET _____</p> <p>CITY _____ COUNTY (REQUIRED) _____ STATE _____ ZIP _____</p> <p>6. MAILING ADDRESS (FOR ALL CORRESPONDENCE)</p> <p>IN CARE OF _____</p> <p>STREET _____</p> <p>CITY _____ COUNTY _____ STATE _____ ZIP _____</p> <p>9. LOCATION OF RECORDS (NO P.O. BOX)</p> <hr/> <p>10. TYPE OF OWNERSHIP</p> <p><input type="checkbox"/> SOLE PROPRIETOR (one owner) <input type="checkbox"/> PARTNERSHIP (two or more owners, other than LLP)</p> <p><input type="checkbox"/> LLC/LLP FILING AS _____ <input type="checkbox"/> SC CORPORATION DATE INC. _____</p> <p><input type="checkbox"/> FOREIGN CORPORATION (ATTACH COPY OF ARTICLES OF CERTIFICATE OF AUTHORITY).</p> <p><input type="checkbox"/> UNINCORPORATED ASSOCIATION; ENTER LEGAL NAME _____</p> <p><input type="checkbox"/> OTHER (EXPLAIN) _____</p>	<p>2. TRADE NAME (DOING BUSINESS AS)</p> <hr/> <p>4. BUSINESS PHONE NUMBER DAYTIME PHONE NUMBER</p> <p>_____</p> <p>5. FEDERAL IDENTIFICATION NUMBER</p> <hr/> <p>7. TYPE OF BUSINESS</p> <p><input type="checkbox"/> AGRICULTURE, FORESTRY, FISHING & HUNTING (11) <input type="checkbox"/> PROFESSIONAL, SCIENTIFIC, & TECHNICAL SERVICES (54)</p> <p><input type="checkbox"/> MINING (21) <input type="checkbox"/> MANAGEMENT OF COMPANIES & ENTERPRISES (55)</p> <p><input type="checkbox"/> UTILITIES (22) <input type="checkbox"/> CONSTRUCTION (23) <input type="checkbox"/> ADMINISTRATIVE AND SUPPORT, WASTE MANAGEMENT & REMEDIATION SERVICES (56)</p> <p><input type="checkbox"/> MANUFACTURING (31 -33) <input type="checkbox"/> EDUCATION SERVICES (61)</p> <p><input type="checkbox"/> WHOLESALE TRADE (41-43) <input type="checkbox"/> HEALTH CARE & SOCIAL ASSISTANCE (62)</p> <p><input type="checkbox"/> RETAIL TRADE (44-46) <input type="checkbox"/> ARTS, ENTERTAINMENT, & RECREATION (71)</p> <p><input type="checkbox"/> TRANSPORTATION & WAREHOUSE (48-49) <input type="checkbox"/> ACCOMMODATION & FOOD SERVICES (72)</p> <p><input type="checkbox"/> INFORMATION (51) <input type="checkbox"/> OTHER SERVICES (81)</p> <p><input type="checkbox"/> FINANCE & INSURANCE (52) <input type="checkbox"/> PUBLIC ADMINISTRATION (91-93)</p> <p><input type="checkbox"/> REAL ESTATE, RENTAL & LEASING (53)</p> <p>8. MAIN BUSINESS (I.E., RETAIL FURNITURE SALES)</p> <hr/> <p>8A. CHECK IF YOU SELL THESE PRODUCTS (for Solid Waste Purposes):</p> <p><input type="checkbox"/> MOTOR OIL <input type="checkbox"/> LEAD ACID BATTERIES <input type="checkbox"/> TIRES <input type="checkbox"/> LARGE APPLIANCES</p> <p>8B. DO YOU SELL AVIATION GASOLINE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>8C. DO YOU PROVIDE SERVICE TO CELLULAR AND PERSONAL COMMUNICATIONS USERS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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11. NAME(S) OF BUSINESS OWNER, GENERAL PARTNERS, OFFICERS OR MEMBERS:

SOCIAL SECURITY NUMBER	NAME/TITLE/GENERAL PARTNERS	HOME ADDRESS	IF PARTNER PERCENT OWNED

ARE YOU A SC RESIDENT? (Y/N) _____ HOW LONG HAVE YOU LIVED IN SC? _____ (YEARS, MONTHS)

12. HAVE YOU:

A. ACQUIRED ANOTHER BUSINESS? YES NO

MERGED WITH ANOTHER BUSINESS? YES NO

FORMED A CORPORATION OR PARTNERSHIP YES NO

MADE ANY OTHER CHANGE IN THE OWNERSHIP? YES NO

B. DID YOU ACQUIRE: ALL OF THE SOUTH CAROLINA OPERATIONS? YES NO

PART OF THE SOUTH CAROLINA OPERATIONS? YES NO

PERCENTAGE ACQUIRED: _____

C. DATE ACQUIRED OR CHANGED: _____

WAS THE BUSINESS OPERATING AT THE TIME OF ACQUISITION OR CHANGE? YES NO

DATE CLOSED: _____

DOES THE FORMER OWNER OR LEGAL ENTITY CONTINUE TO HAVE EMPLOYEE? YES NO

D. FORMER OWNER'S S.C.E.S.C. ACCOUNT NUMBER: _____

FORMER OWNER'S S.C. TAX ACCOUNT NUMBER: _____

E. NAME OF BUSINESS ACQUIRED: _____

(Full organization name including trade name)

ADDRESS OF FORMER OWNER: _____

13. FIRST DATE OF EMPLOYMENT IN S.C. mo/day/year _____	14. ANTICIPATED DATE OF FIRST S.C.PAYROLL mo/day/year _____	15. ESTIMATE NUMBER OF EMPLOYEES IN S.C. _____
16. IS BUSINESS WITHIN SC MUNICIPAL LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO WHICH CITY? _____		17. IS YOUR BUSINESS SEASONAL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST MONTHS ACTIVE: _____

COMPLETE REVERSE SIDE OF THIS FORM

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE OF OWNER, ALL PARTNERS, OR CORPORATE OFFICER

TITLE

DATE

