

**TOWN OF CHERAW**  
**BUSINESS LICENSE APPLICATION**  
**P.O. BOX 219**  
**CHERAW, S.C. 29520**  
**843-537-7283 FAX 843-320-9612**

Date \_\_\_\_\_ Fed/Tax ID# or SS#: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

MAILING ADDRESS OF BUSINESS: \_\_\_\_\_

ACTUAL BUSINESS LOCATION: \_\_\_\_\_

BUSINESS TELEPHONE NUMBER: \_\_\_\_\_ OR \_\_\_\_\_

BUSINESS OWNER'S NAME: \_\_\_\_\_

OWNER'S HOME ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ DL#: \_\_\_\_\_ DOB: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ARE YOU A CONTRACTOR? YES [ ] NO [ ] STATE CONTRACTOR'S LICENSE # \_\_\_\_\_

BUSINESS ACTIVITY (Please describe in detail products and/or services provided): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ANTICIPATED OPENING DATE: \_\_\_\_\_ BUSINESS TYPE: \_\_\_\_\_ (Corporation, Individual, Etc.)

1. Is the business located within the Historic District or one of the Gateway entrances? YES [ ] NO [ ] If so, the plans must be approved by the \*Board of Architectural Review. Also, application must be made and approved by Building Official.
2. Will you have an advertising sign? YES [ ] NO [ ] Have you applied for a sign permit? YES [ ] NO [ ]
3. Will you be doing any painting or other improvements to the exterior of your building? YES [ ] NO [ ] A color scheme and plans for improvements must be submitted and approved by Planning before any exterior improvements are made.
4. Will you have an alarm system? YES [ ] NO [ ]
5. Will you have any special garbage or trash needs? YES [ ] NO [ ] If yes, please describe \_\_\_\_\_  
\_\_\_\_\_
6. Have you applied for your SC Sales Tax License? YES [ ] NO [ ] If yes, you must provide a copy for Our files. Sales Tax Number \_\_\_\_\_
7. Do you need a health inspection? YES [ ] NO [ ] If yes, you must provide a copy for our files.
8. Have you, your spouse, or any other person who will be actively engaged in the operation, maintenance, or ownership of this business, ever been convicted of an offense against the law or are you now under charges for any offenses against the law? (You may omit traffic violations for which you paid a fine of \$50 or less and any offense committed before your 21<sup>st</sup> birthday that was finally adjudicated in a juvenile court or under a Youth Offender Law). YES [ ] NO [ ]
9. Has your spouse or any other person who will be actively engaged in the operation, maintenance, or ownership of the business been denied a business license for substantially the same type of business for which you are seeking a license? YES [ ] NO [ ]

10. Emergency Contacts: Please list the names and telephone numbers of persons (managers, key holders, etc.) to contact in case of an emergency (fires, vandalism, robbery, etc.)

NAME: \_\_\_\_\_ TELEPHONE#: \_\_\_\_\_  
NAME: \_\_\_\_\_ TELEPHONE#: \_\_\_\_\_  
NAME: \_\_\_\_\_ TELEPHONE#: \_\_\_\_\_

**I (WE) DO HEREBY CERTIFY THAT:**

- The above information is true and correct to the best of my knowledge, and
- I understand that this license may be revoked for making false or fraudulent statements in this application, and
- I am aware that all ordinances pertaining to the building, electrical, plumbing, fire and zoning codes must be complied with before this license may be issued.

\_\_\_\_\_  
Business Owner's Name

(For Office Use Only)

Police Chief: _____	Date: _____
Building Inspector: _____	Date: _____
Fire Chief: _____	Date: _____
Planning/Zoning Review: _____	Date: _____
Town Clerk: _____	Date: _____
*Board of Architectural Review: _____	Date: _____