

**PROCEDURES FOR A BUSINESS LICENSE CLEARANCE FORM**  
*(Form must be filled out completely by applicant)*

- ◆ Return form to the Business License Department
  
- ◆ Form will be disbursed by the Business License Department to the Zoning Department, Building Inspector, Fire Inspector, and if applicable the Health Department.
  
- ◆ Once form has been returned to the Business License Department, you will be notified by this department as to the results of the clearance form—
  
- ◆ If your form is approved, you will need to come in and complete the Business License application and pay the appropriate fees.
  
- ◆ If your form is disapproved, you will be notified and told which department disapproved your request and who you may contact for additional information on their decision.

**PLEASE NOTE:**

This procedure could take up to a week or more. Please be patient with us so that we may investigate your request properly and provide you with the correct information. **An incomplete form may result in nullification of form.** If you have any questions you may contact someone in the Business License Department at (803) 774-1601.



**BUSINESS OR PROFESSIONAL LICENSE CLEARANCE FOR**

12 West Liberty Street (The Liberty Center) \* Post Office Box 1449  
Sumter, SC 29151 \* (803) 774-1601



Clearance forms are required for all businesses located in the City or County limits of Sumter, SC. Any new business, or change of location for an existing business, should complete this form and return it to the Business License Office.

(1) Date: \_\_\_\_\_ SIC# \_\_\_\_\_

(2a) Name of Business: \_\_\_\_\_ Sales Tax # \_\_\_\_\_

(2b) Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(3a) Business Owner: \_\_\_\_\_ SS#: \_\_\_\_\_

(3b) Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(4a) Property Owner(s): \_\_\_\_\_ SS#: \_\_\_\_\_

(4b) Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(5) Type of Business: \_\_\_\_\_

(6) Type of Business:  Residence       Store       Office Building  
 Warehouse       Previous Use \_\_\_\_\_  
\_\_\_\_\_ Square Footage

- ◆ We have taken your application to operate a business in the City or County of Sumter. However, before a license can be issued, it will be required to get the necessary approvals. Approvals needed depend upon the location and nature of your business.
- ◆ In the event of a change in location or ownership of a business, the same procedure shall be followed within (10) days of change.
- ◆ If for some reason you have a problem, please do not hesitate to call our office at (803) 774-1601.

**NOTICE: YOU SHOULD CONFIRM THAT NO RESTRICTIVE COVENANTS ARE ON THIS PROPERTY WHICH WOULD LIMIT YOUR RIGHT TO PERFORM THE ACTIVITY FOR WHICH YOU SEEK APPROVAL. IF SUCH RESTRICTIVE COVENANTS DO EXIST, SURROUNDING PROPERTY OWNERS MAY BE ABLE TO HAVE A COURT STOP YOUR ACTIVITY EVEN IF THE CITY GRANTS YOU LICENSE TO PERFORM THE CONTEMPLATED ACTIVITY. IN GRANTING THIS LICENSE, THE CITY/COUNTY DOES NOT ATTEMPT TO DETERMINE IF THERE ARE RESTRICTIVE COVENANTS. THAT IS THE SOLE RESPONSIBILITY OF THE APPLICANT. **THE ACCEPTANCE OF THIS APPLICATION FOR REVIEW AND THE PAYMENT OF FEES DOES NOT CONSTITUTE THE APPROVAL OF THIS APPLICATION. APPROVAL IS GRANTED ONLY UPON THE RECEIPT OF A BUSINESS LICENSE. THIS APPLICATION IS NOT A LICENSE.** \_\_\_\_\_ Initial Here**

I FURTHER STATE THAT I HAVE PROVIDED THE ABOVE INFORMATION AND THAT IT IS TRUE AND CORRECT. I ALSO STATE AND AGREE TO ABIDE BY ALL LAWS, CODES, AND REGULATIONS OF SUMTER CITY/COUNTY AND THE STATE OF S.C.

\_\_\_\_\_ Print Name/Position

\_\_\_\_\_ Signature \_\_\_\_\_ Date

<b><u>FOR OFFICE USE ONLY</u></b>	
<b><u>APPROVAL:</u></b>	
(1)	Planning Commission----- (803) 774-1605 Zoning _____ Tax Map Number: _____ SIC#: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved _____
	Signature _____ Date _____
(2)	Fire Inspection----- (803) 436-2600  <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____
	Signature _____ Date _____
(3)	Building Inspection----- (803) 774-1615  <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____
	Signature _____ Date _____
COMMENTS: _____	
_____	
_____	
_____	