



# COMMERCIAL BUSINESS CLEARANCE FORM

12 W. LIBERTY ST., P.O. BOX 1449, SUMTER, SC 29151  
PHONE: 803-774-1601; FAX: 803-774-1688  
EMAIL: businesslicense@sumtersc.gov

OFFICE USE ONLY	
NAICS Code:	_____
Date Rec'd:	_____
Time Rec'd:	_____
Zoning:	_____
Parcel No.:	_____
CF Handled by (Business license): _____	

### APPLICATION FEE IS \$50.00

A 3.4% + \$0.30 surcharge applies for all credit card transactions.  
Checks can be made payable to the City of Sumter.

Clearance forms are required for all businesses located in the City or County of Sumter, SC.  
**Any new business, change of location or change of ownership for an existing business should complete this form and return it to the business license office.** In the event of a change of location or ownership of a business, notification must be given within **10 days** and the same procedure shall be followed.

### Name of business (As it will appear on your Federal & SC State Tax Returns):

\_\_\_\_\_

### Physical Address of Business (No P.O. Boxes):

Street	City	State	Zip Code
_____	_____	_____	_____

Phone Number of Business: \_\_\_\_\_ Business Website: \_\_\_\_\_

### Business Owner Information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address (street, city, state, zip code): \_\_\_\_\_

Email Address: \_\_\_\_\_

### Property Owner Information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address (street, city, state, zip code): \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Business – Please provide a detailed description of ALL proposed activities in which the business will engage.     
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Does the activity include food service?  Yes  No

If yes, the Hospitality fee is a 2% fee imposed by the City of Sumter on the purchase of prepared or modified foods and/or beverages prepared for immediate consumption. The hospitality fee applies to all restaurants, convenience stores, grocery stores, ice cream parlors, bakeries, night clubs, hotels, motels, bars, lounges, grocery or convenience stores, caterers, or other food service facilities (Ask business license personnel for report forms and details.)

The 3% Local Accommodation Fee applies to all motels, hotels, or other lodging facilities that rent to persons who stay less than 90 days. (Ask business license personnel for report forms and details).

**Alcohol Information:**

Does this business have an alcohol beverage licensing (ABL) license?  Yes  No

If yes: ABL license #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

- Consumption off-premises  Consumption on-premises

*Note: A license for a bar (NAICS 722410) must be issued in the name of the individual who has been issued the corresponding state alcohol, beer, or wine permit or license and will have actual control and management of the business.*

**Type of Structure:**  Restaurant  Grocery Store  Convenience Store  Daycare  Retail Store

Bar  Night Club  Pawn Shop  Dealer of Precious Metals  Real Estate/Broker  Auto Repair

Fireworks Store/Stand  Contractor  Taxicab  Ambulance Service  Tattoo Parlor  Paint/Body Shop

Warehouse  Factory  Nail Salon  Barber/Beauty Shop  Hotel/Motel

Other: \_\_\_\_\_

**For Restaurants Only:**

You will need prior approval from the Pretreatment Department at the Wastewater Facility (803-774-7810).

**For Hotels/Motels Only:**

Do you plan to offer "Extended Stay" (90 days) as part of your service?  Yes  No

If yes: Please see the business license official for more documents to complete.

**For Barber/Beauty Shops Only:**

Please provide a list of Booth Renters:

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**Previous Use of location:** \_\_\_\_\_

If the structure was previously used as a business, what business was there & what date was the business closed?

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**Are there any proposed interior structural changes?**  Yes  No

If yes, please list in detail the structural changes to occur.

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**Are there any proposed exterior structural changes?**  Yes  No

If yes, please list in detail the structural changes to occur.

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Have you ever been convicted of a crime?  Yes  No

If yes, please complete the following:

List Conviction Date(s)	City/State	Nature of offense

If you have any questions, please do not hesitate to call our office at (803) 774-1601. Office hours are Monday through Friday from 8:30 a.m. to 5:00 p.m.

**Before a license can be issued, you must get the necessary approvals for code compliance applicable to the location and nature of your business. You may not lawfully conduct business until this office issues a license. A new business shall be required to have a business license prior to operation within the municipality. (\_\_\_\_\_) Initial here.**

**I state that I have read all of this form and that the information I have provided is true and correct. I also agree to abide by all laws, codes, and regulations of the City and County of Sumter and the state of South Carolina. (\_\_\_\_\_) Initial here.**

Clearly Print Name: \_\_\_\_\_

Please select all that apply:

Signature: \_\_\_\_\_

Business Owner

Date: \_\_\_\_\_

Business Agent

Property Owner

**OFFICIAL USE ONLY:**

City       County

**Planning/Zoning Commission:**

Name of employee receiving form: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approve       Disapprove

Comments for approval/Reason(s) for disapproval:

**Fire Inspection:**

Name of employee receiving form: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approve       Disapprove

Comments for approval/Reason(s) for disapproval:

**Building Inspection:**

Name of employee receiving form: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approve

Disapprove

Comments for approval/Reason(s) for disapproval:

**Police Department/Sheriff's Office:**

Name of employee receiving form: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approve

Disapprove

Comments for approval/Reason(s) for disapproval:

**LAW ENFORCEMENT INQUIRY**

**TO: BUSINESS LICENSE DEPARTMENT**

**FROM: CHIEF OF POLICE/SHERIFF**

I have no information regarding this license applicant.

I report the following:

The applicant has a criminal record.

The nature of the business is unlawful.

The location of the business has a history of law enforcement problems.

Applicant has managed or operated other businesses in the City/County and has encountered difficulties with the police.

Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DATE**

**CHIEF OF POLICE/SHERIFF SIGNATURE**