

HOME-BASED 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

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.

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

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:	Busin	ess Website:				
Business Owner Information: Name:	Pho	ne Number:				
Address (street, city, state, zip code):						
Email Address:						
Property Owner Information: Name:	Pho	ne Number:				
Address (street, city, state, zip code):						
Email Address:						
Type of Business – Please provide a detailed descript	tion of ALL proposed activit	ies in which the business will enga	ge.			
Will customers or clients come to this home-ba	sed business?] No				

Will this home-based business have employees that will work from this location? ☐ Yes ☐ No

☐ Yes ☐ No

Will there be outside storage associated with this home-based business?

Will a commercially classified vehicl (example: box truck, semi-cab, tow t	, , , , , , , , , , , , , , , , , , , ,	s 🗆 No
• •	n to include pictures, make, model, and comiested to process this request.	mercial classification rating of the
· · · · · · · · · · · · · · · · · · ·	county zoning districts <u>do not</u> allow comme omobile or truck fleets are customary to the prohibited	
Does the activity include food servic	ce? □ Yes □ No	
	from the Pretreatment Department at the V	Vastewater Facility (803-774-7810).
immediate consumption. The hos	oosed by the City of Sumter on the purchase of prepare pitality fee applies to all restaurants, convenience stores, grocery or convenience stores, caterers, or other foo	s, grocery stores, ice cream parlors, bakeries, night
Have you ever been convicted of a c If yes, please fill in the following:	rime? 🗆 Yes 🗀 No	
List Conviction Date(s)	City/State	Nature of offense
If you have any questions, please do Friday from 8:30 a.m. to 5:00 p.m.	not hesitate to call our office at (803) 774-10	601. Office hours are Monday through
· ·	nust get the necessary approvals for code comply conduct business until this office issues a lication within the municipality. () <i>Initia</i>	•
activity for which you seek approval. court stop your activity even if the Ci City/County does not attempt to det the applicant. The acceptance of this	restrictive covenants are on this property which If such restrictive covenants do exist, surrounty grants you a license to perform the contemermine if there are restrictive covenants. This application for review and the payment of an only upon the receipt of a business license. The	ding property owners may be able to have a plated activity. In granting this license, the determination is the sole responsibility of y fees does not constitute the approval of
	n and that the information I have provided is t ity and County of Sumter and the state of Sou	_
Clearly Print Name:		Please check all that apply:
Signature:		☐ Property owner
Date:		☐ Business owner
		☐ Agent

OFFICIAL USE ONLY – APPROVAL:	
☐ City ☐ County	
Planning/Zoning Commission:	
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	INOUIRY
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 enforcemen	•
Applicant has managed or operated other businesses in the police.	City/County and has encountered difficulties with the
Other:	