

THIS FORM IS FOR INFORMATION PURPOSES ONLY. THIS IS NOT AN APPLICATION.

INFORMATION REQUIRED FOR CITY OF COLUMBIA BUSINESS LICENSE

Name of Business: _____

Mailing Address: _____

Physical Address: _____

Federal ID/SS Number: _____

State Retail License: _____

Business Phone Number: _____

Local Phone Number: _____

Fax Number: _____

Start of Business Date: _____

Type of Ownership Corporation _____ Sole Prop _____ LLC _____ LLP _____ Partnership _____

Name of Owner/Principal: _____

Corporate Office Contact: _____

Corporate Office Contact
Phone & Email: _____

Local Contact: _____

Local Contact Phone &
Email: _____

Local Contact Cell Phone: _____

Emergency Contact: _____

Emergency Contact phone: _____

Number of employees: _____

Description of business
activity: _____

NAICS Number (from IRS
return): _____

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Submitted By: _____ Phone: _____

City of Columbia
Business License Division
1339 Main St
Columbia, SC 29201
(803) 545-3345 Phone
(803) 988-8025 Fax