

CITY OF AIKEN
APPLICATION FOR NEW BUSINESS LICENSE

All City of Aiken Business Licenses expire June 30 of each year unless otherwise noted

Please remit with payment to: The City of Aiken • P.O. Box 2458 • Aiken, SC 29802-2458 • Attn: Business Licenses
Office location: 135 Laurens St. SW • Aiken, SC 29801
Business license information is available at: www.cityofaikensc.gov • 803-642-7642 • licenses@cityofaikensc.gov

BUSINESS INFORMATION

BUSINESS START DATE _____ NEW PURCHASE EXISTING EXISTING BUSINESS WITH NO PRIOR LICENSE

LEGAL NAME OF BUSINESS _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

WEB SITE _____ EMAIL ADDRESS _____

PHYSICAL ADDRESS _____ CITY _____ STATE _____ ZIP _____

IF LOCATED INSIDE CITY OWN PROPERTY LEASE LANDLORD _____

LANDLORD MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

DOES YOUR BUSINESS LEASE ANY SPACE TO ANOTHER BUSINESS OPERATION? NO YES (please attach details)

TELEPHONE NUMBERS: BUSINESS () _____ OR () _____

FEDERAL EMPLOYERS I.D. NO. _____ SC SALES TAX I.D. NO. _____ NAICS _____

TYPE OF OWNERSHIP: Sole Proprietor Corporation Partnership LLC Non Profit

STATE LICENSE OR REG. NO. & EXP. DATE - **REQUIRED CLASS-8(CONTRACTOR) LIC.** _____

DOES THIS BUSINESS HAVE ANY INDEPENDENT AGENTS WORKING WITH THE COMPANY? NO YES IF YES, LIST NAMES:

TYPE OF BUSINESS- PLEASE DESCRIBE IN DETAIL YOUR BUSINESS ACTIVITY: _____

LIST COMMERCIAL & RESIDENTIAL RENTAL PROPERTY ADDRESSES (attach list if necessary) _____

OWNER or CORPORATE OFFICER INFORMATION

1. NAME (full/legal) & TITLE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ SOCIAL SECURITY NUMBER* _____

DATE OF BIRTH* _____ DRIVER'S LICENSE NUMBER* _____ STATE* _____

2. NAME (full/legal) & TITLE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ SOCIAL SECURITY NUMBER* _____

DATE OF BIRTH* _____ DRIVER'S LICENSE NUMBER* _____ STATE* _____

* NEEDED ONLY IF BUSINESS OPERATES AS A SOLE PROPRIETORSHIP.

*** CERTIFICATION***

I UNDERSTAND THAT ISSUANCE OF A CITY BUSINESS LICENSE DOES NOT RELIEVE ME OF THE RESPONSIBILITY OF MEETING ALL CITY OF AIKEN ZONING AND BUILDING CODE REQUIREMENTS, AND THAT I AM SUBJECT TO ALL PROVISIONS OF THE BUSINESS LICENSE ORDINANCE OF THE CITY OF AIKEN.
I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE, THAT THE REAL ESTATE TAXES DUE AND PAYABLE TO THE CITY OF AIKEN HAVE BEEN PAID.
I ALSO FURTHER CERTIFY, UNDER PENALTY OF PERJURY, THAT I HAVE OBTAINED ALL CERTIFICATIONS, LICENSES, PERMITS, OR OTHER REQUIRED DOCUMENTATION IN ORDER TO CONDUCT THIS BUSINESS, OR LICENSED PROFESSION, WITHIN THE AIKEN CITY LIMITS.

OWNER OR AUTHORIZED REPRESENTATIVE TITLE _____

TEMPORARY AND ONE TIME JOB LICENSES ONLY

Construction jobs and other temporary type work will be issued temporary licenses based on the contract amount of the job and are valid for that job site only. In lieu of contractor decals, each work vehicle being operated in the city is required to have a mirror hanger identifying the company, dates of work and city issued business license control number. These should be purchased at the time of application for the business license and cost \$1.00 each. If you have any questions, please ask for assistance.

PROJECT NAME _____ LOCATION _____

DATES OF WORK _____ CONTRACT AMOUNT \$ _____

MIRROR HANGERS REQUESTED _____ X \$1.00 EACH = \$ _____ ADD THIS AMOUNT TO YOUR LICENSE FEE

COMMENTS: _____

CONTRACTOR AND VIDEO / VENDING DECALS

Contractor/Landscaper decals: 1 decal per company vehicle operating in the city.

Number Requested _____ X \$5.00 each = \$ _____ Add this amount to your license fee

YOU MAY ONLY PURCHASE DECALS FOR YOUR COMPANY OWNED VEHICLES OR EMPLOYEES WHO RECEIVE A W-2. ALL SUBCONTRACTORS MUST PURCHASE THEIR OWN CITY OF AIKEN BUSINESS LICENSE AND DECALS.

If you have video/vending machines at your establishment, then please complete the following:
(PLEASE NOTE: You are responsible for these machines on your property unless the company that owns and operates them is properly licensed to operate inside the City of Aiken. All machines that do not display a current decal are deemed in violation of the License Ordinance.)

All Vending Machines (drink, candy, food, merchandise) must have 1 decal per machine

Number Requested _____ X \$5.00 each = \$ _____ Add this amount to your license fee

Video Machines, Amusement Rides, Jukeboxes-All machines other than Video Poker/Payout Machines

Number Requested _____ X \$12.50 each = \$ _____ Add this amount to your license fee

Pool Tables

Number Requested _____ X \$5.00 each = \$ _____ Add this amount to your license fee

EMERGENCY CONTACTS

NAMES AND TELEPHONE NUMBERS OF PERSONS (MANAGERS, KEYHOLDERS) TO CONTACT IN CASE OF AN EMERGENCY (FIRES, ROBBERY) - FOR COMMERCIAL BUILDINGS IN THE CITY OF AIKEN ONLY.

NAME _____ TELEPHONE _____

NAME _____ TELEPHONE _____

Please note that the City of Aiken has a 3% Accommodations Tax on lodgings. If your business will include this activity, please ask for an application to set up your account. Additional information is available upon request.

FOR CITY OF AIKEN FINANCE DEPARTMENT USE ONLY

RATE CLASS _____ FEE COLLECTED \$ _____ BY _____ NAICS _____

LICENSE INSPECTOR APPROVAL _____ DATE _____ CONTROL NUMBER _____

**Business located inside Aiken City Limits
CHECKLIST & REQUIRED APPROVALS**

This checklist will help you obtain your City of Aiken Business License. Please return the completed checklist, including all required approvals, and the completed business license application to the Finance Department for processing. Should you have any questions, please contact the Business License Administrator at 803-642-7642.

APPLICANT INFORMATION

LEGAL NAME OF BUSINESS _____

PHYSICAL ADDRESS _____ CITY _____ STATE _____ ZIP _____

Is this property subject to a recorded restrictive covenant that would prohibit the activity that the Applicant is applying for? YES NO If you replied yes, please attach a certified copy of the restrictive covenants to this application.

TYPE OF BUSINESS _____

CONTACT PERSON _____ PHONE _____

Please review the following for additional instruction.

A Business addresses located inside the City limits:

- ***A completed City of Aiken Business License Application***
- ***Approval by the Planning Department, 214 Park Avenue SW 803-642-7608***
- ***For new businesses that will have assembly occupancy, doing any type of cooking or is a major change of occupancy for the location, approval by Public Safety is required. Please call 803-293-7843, the Fire Division Supervisor's office, to setup an inspection - Public Safety does not need to approve home based businesses.***

B Any other type of business:

- ***A completed City of Aiken Business License Application***

FOR CITY OF AIKEN PLANNING DEPARTMENT USE ONLY

TAX PARCEL # _____

ZONING: _____

RESTRICTIONS: _____

Approved by _____ Date _____

FOR AIKEN DEPARTMENT OF PUBLIC SAFETY USE ONLY (if required)

APPROVED

DENIED

ADDITIONAL COMMENTS OR RESTRICTIONS:

Approved by _____ Date _____