



City of Liberty Business License Application 2025 - 2026



To ensure a smooth processing experience, kindly complete all sections of this form. Your thoroughness helps us serve you better. Be aware that when this business license is issued, it will expire on **4/30/2026**. If you are a construction company/general contractor, etc., please note that you are required to apply for a new license for EACH job site. **Expect your application to be processed within 7-10 business days.**

Business Information

Corporate name:	
Business Name shown to public:	Business Open date:
Organization type: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> Corporation <small>Articles of Organization or Incorporation may be required.</small>	
Business activity/type:	NAICS Code:
Federal ID/SSN #:	State retail sales #:
Mailing address:	
Physical address _____ <small>(IF DIFFERENT THAN MAILING ADDRESS)</small>	
<input type="checkbox"/> Inside City Limits, Tax parcel #: _____ <input type="checkbox"/> Outside jurisdiction	
Contact name & title:	
Contact phone: _____ Ext. _____	Alternate phone: _____
Fax: _____	Email: _____

Owner or Principal(s) Information

Gross Revenue: _____
License revenue is based on the previous license year.

Owner or Principal(s) name(s), title(s): _____	SSN #: _____
Driver's license #: _____	State: _____ Expiration date: _____
Mailing address: _____	
Work phone: _____ Ext. _____	Cell phone: _____
Fax: _____	Email: _____

Job/Project Information – ONLY FILL OUT IF YOU ARE AN 8.1 RATE BUSINESS (construction)

Project start date: _____	Estimated end date: _____
Project location: _____	Tax parcel #: _____
Project type: <input type="checkbox"/> New construction <input type="checkbox"/> Renovation <input type="checkbox"/> Other _____	
General contractor name: _____	_____
State contractor license #: _____	State: _____ Expiration date: _____
Master/specialty license #: _____	
Job contact name: _____	Phone: _____
Total gross revenues of contract amount: \$ _____	

Contact business.license@libertysc.com with questions regarding this form.
Application based off the application produced by the South Carolina Business Licensing Officials Association.
The SC Business Licensing Officials Association is an affiliate of the Municipal Association of SC.

Other Information

<input type="checkbox"/> Yes <input type="checkbox"/> No	Buying an existing construction business? <i>If yes, purchased business' name:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Business leasing space to another business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you needing to/planning on placing new signage for your business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this business operated from your personal address?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Leasing/renting the business property? <i>If yes, landlord name & contact information required:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you sell food or beverages that are prepared and/or consumed on your premises?

Applicant Certification

1. I hereby certify that all information provided is true and correct to the best of my knowledge and that the gross revenue is accurately reported or estimated for a new business without any unauthorized deduction.
2. I certify that assessments, delinquencies, and personal property taxes due to the jurisdiction are fully paid.
3. I understand that providing false or fraudulent information may result in penalties, business license revocation and/or prosecution to the fullest extent possible.
4. I am aware of and understand the jurisdiction's requirements and codes, and the issuance of a business license is contingent upon strict and consistent compliance with all the jurisdiction's requirements.
5. I understand that failure to comply with these requirements may result in business license revocation as well as other compliance or legal efforts.
6. I also understand and authorize the jurisdiction and its agents to utilize all information on this application to ensure that all other federal, state, and local laws are complied with.

Applicant printed name:

Signature:

Title:

Date:

For Office Use Only

Comments		
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Business license #:	Rate class:	
Account Number:	NAICS CODE:	
Amount due Fee: \$	Penalties: \$	Total: \$
Decal required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cost/each: \$	Total: \$
Staff name:	Signature:	Date:

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