



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, wait may be longer during Business License Renewal Season (January-May).**

Business Information:

NEW BUSINESS LICENSE THIS IS A BUSINESS LICENSE RENEWAL

Corporate Name: _____

Business Name (Public-Facing): _____

Business Open Date: ___/___/___

Organization Type: (Check one) Sole Proprietor LLC LLP LP Corporation (*Articles of Org. or Incorporation will be required*)

Business Activity/Type (What service do you provide/sell): _____

NAICS Code: _____ Federal ID/SSN #: _____

State Retail Sales #: _____ Mailing Address: _____

Physical Address (if different from mailing address): _____

My business is housed Inside City Limits (Tax Parcel #: _____)

My business is housed outside City Limits

South Carolina LLR Category _____ License Number _____

Company Name: _____ City: _____

License Type _____ Gross Revenue: \$ _____

(If this is your first business license, please provide your estimated revenue between the date you apply and April 30th of the following year. If this application is a renewal, please provide proof of gross revenue. Be sure to include the amount before any deductions are taken out)

Contact Information:

Primary Contact Name & Title: _____ Phone #: _____ Ext: _____

Alternate Phone: _____ Email: _____

Driver's License #: _____ State: _____ Expiration Date: ___/___/___



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Home-Based Business & Compliance Questions:

Is this business operated from your personal home address? Yes No

Have you contacted Jennifer at ACOG to confirm compliance with city zoning/planning and other permit needs? (vissage@scacog.org) Yes No

Have you contacted Austin Lassiter at BLE for code and building permit requirements? (Austin.Lassiter@blecorp.com) Yes No

Permit Number(s) from BLE: _____

Other Business Details:

Are you buying an existing business? Yes No

(If yes, name of purchased business: _____ Is the Tax ID changing? Yes No

Are you renting/leasing space to another business or individual? Yes No

Will you be placing new signage for your business? Yes No

Are you leasing or renting your business property? Yes No

(If yes, provide landlord's name and contact information: _____

_____)

Do you sell food or beverages prepared/consumed on premises? Yes No

(If yes, please ask City Hall staff for a copy of the Hospitality Tax reporting Form)

Are you a mobile food truck? Yes No

If yes, have you completed the Food Truck/Caterer Permit Application available on the city website and at City Hall? Yes No

Contractor/Subcontractor Information:

(Only for general contractors/sub-contractors, plumbers, Roofers, Electricians, and Similar Trades). Please complete the entire section below as this information is needed to proceed with your business license. Failure to complete can and will result in a processing delay. If you fall into this category, know that you must obtain a business license for each job you do in the city. This license will only be valid for the project address provided below.

Project Start Date: ___/___/___ Estimated End Date: ___/___/___

Project Location: _____, Liberty sc 29657

Tax Parcel #: _____ LLR Category _____

License Number _____ Company Name: _____



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City: _____ License Type _____

Project Type: (Check one) New Construction Renovation Renovation Other (Explain):

_____ General Contractor Name: _____

Job Contact Name: _____ Phone: _____

Total Gross Revenue of Contract Amount

(Be sure to include proof of this gross receipt with your application. This can be a copy of the contract or a written and signed statement on letterhead):

\$ _____

Applicant Certification:

By signing below, I certify that:

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. I certify that assessments, delinquencies, and personal property taxes due to the jurisdiction are fully paid. I understand that providing false or fraudulent information may result in penalties, business license revocation and/or prosecution to the fullest extent possible. 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. I understand that failure to comply with these requirements may result in business license revocation as well as other compliance or legal efforts. 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

Approved? Yes No Date: // _____ Business License #: _____

Rate Class: _____ Account Number: _____ NAICS Code: _____

Amount Due: \$ _____ Penalties: \$ _____ Total: \$ _____

Decal Required? Yes No Cost Per Decal: \$ _____ Total: \$ _____

Staff Name: _____ Signature: _____

Date Received: _____ Date Processed: _____

Notes:

