

**TOWN OF CHERAW  
BUSINESS LICENSE APPLICATION  
P.O. BOX 219  
CHERAW, S.C. 29520  
843-537-7283**

Date: \_\_\_\_\_ Fed. Tax ID# or SS#: \_\_\_\_\_

NAME OF BUSINESS : \_\_\_\_\_

MAILING ADDRESS OF BUSINESS: \_\_\_\_\_

ACTUAL BUSINESS LOCATION: \_\_\_\_\_

BUSINESS TELEPHONE NUMBERS: \_\_\_\_\_ OR \_\_\_\_\_

BUSINESS OWNER'S NAME: \_\_\_\_\_

OWNER'S HOME ADDRESS: \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

DRIVER'S LICENSE/ID# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ARE YOU A CONTRACTOR? YES [ ] NO [ ] Are you located [ ] INSIDE or [ ] OUTSIDE the town limits?

STATE CONTRACTOR'S LICENSE # \_\_\_\_\_

TYPE OF BUSINESS: (Please describe *in detail* products and/or services provided):  
\_\_\_\_\_  
\_\_\_\_\_

ANTICIPATED OPENING DATE: \_\_\_\_\_

1. Is the business located within the Historic District or one of the Gateway entrances? YES [ ] NO [ ]  
If so, the plans must be approved by the Board of Architectural Review. Also, application must be Made and approved by Building Official.
2. Will you have an advertising sign? YES [ ] NO [ ]  
If so, have you applied for a sign permit? YES [ ] NO [ ]
3. Will you be doing any painting or other improvements to the exterior of your building? YES [ ] NO [ ]  
If so, a color scheme and plans for improvements must be submitted and approved *before* any exterior improvements are made.
4. Will you have an alarm system? YES [ ] NO [ ]
5. Will you have any special garbage or trash needs? YES [ ] NO [ ] If yes, please describe: \_\_\_\_\_
6. Have you applied for your S.C. Sales Tax License? YES [ ] NO [ ] If yes, you must provide a copy for our files.
7. Do you need a health inspection? YES [ ] NO [ ] If yes, you must provide a copy for our files.
8. Have you, your spouse, or any other person who will be actively engaged in the operation, maintenance, or ownership of this business, ever been convicted of an offense against the law or are you now under charges for any offenses against the law? (You may omit traffic violations for which you paid a fine of \$50 or less and any offense committed before your 21<sup>st</sup> birthday that was finally adjudicated in a juvenile court or under a Youth Offender Law.) YES [ ] NO [ ]
9. Has your spouse or any other person who will be actively engaged in the operation, maintenance or ownership of the business been denied a business license for substantially the same type of business for which you are now seeking a license?
10. Emergency Contacts: Please list the names and telephone number of persons (managers, keyholders, etc.) to contact in case of an emergency (fires, vandalism, robbery, etc.)

NAME: _____	TELEPHONE NO.: _____
NAME: _____	TELEPHONE NO.: _____
NAME: _____	TELEPHONE NO.: _____

**I (WE) DO HEREBY CERTIFY THAT:**

- The above information is true and correct to the best of my knowledge, and
- I understand that this license may be revoked for making false or fraudulent statements in this application and
- I am aware that all ordinances pertaining to the building, electrical, plumbing, fire and zoning codes must be complied with before this license may be issued.

\_\_\_\_\_  
Business Owner's Signature

(Over)

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**(For Office Use Only)**

**Town Clerk/Treasurer** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Building Inspector** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Police Chief** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fire Chief** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Board of Architectural** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**\*Review\***