



RENEWAL FORM

RETURN TO:
sbeprogram@charlestoncounty.org

Name of Business:	Email:
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Business Information, Legal Structure and Ownership

- Have there been any changes to your business' information, legal structure and/or ownership in the past year?
- No, there have not been any changes (sign bottom of the form and return with required documents listed below)
 - Yes, there have been changes (complete remainder of form and return with required documents listed below)

Changes to Business Information, Legal Structure and Ownership (check and complete only the boxes that apply:)

<input type="checkbox"/> Name Change					
<input type="checkbox"/> New Physical Address					
<input type="checkbox"/> New Mailing Address					
<input type="checkbox"/> New Phone No.					
<input type="checkbox"/> New Email					
<input type="checkbox"/> New Website					
<input type="checkbox"/> Change in Ownership	Principal Owner(s):	Title:	Gender:	Race:	Percentage Owned:
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		

*Race Codes:
 B – Black
 W – White
 H – Hispanic
 NA – Native American
 SA – Subcont Asian
 AP – Asian/Pacific Is

<input type="checkbox"/> New Legal Structure of Business	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other
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<input type="checkbox"/> New Business Description					
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<input type="checkbox"/> Change NAICS Codes (www.naics.com for help)	<input type="checkbox"/> Add <input type="checkbox"/> Delete	<input type="checkbox"/> Add <input type="checkbox"/> Delete	<input type="checkbox"/> Add <input type="checkbox"/> Delete	<input type="checkbox"/> Add <input type="checkbox"/> Delete	<input type="checkbox"/> Add <input type="checkbox"/> Delete
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Required Documents

- Most recent tax return (if certification lapsed for more than one year, we will need returns for all years not supplied).
- Current professional licenses/certifications required by state law for the operation of the business.
- Legal documentation reflecting changes to ownership or legal structure (if any in the past year).

By my signature below, I certify that the information I have supplied on this form and the attached documentation is true and correct, that the tax information provided was filed appropriately and in a timely manner with the IRS, on behalf of the certifying firm.

Signature of Owner: _____ **Date:** _____

INTERNAL USE ONLY	
Missing Docs <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Verified Documentation <input type="checkbox"/> Database <input type="checkbox"/> Completed