



# INFORMATION CHANGE REQUEST

RETURN TO:  
[sbeprogram@charlestoncounty.org](mailto:sbeprogram@charlestoncounty.org)

Name of Business:	Email:
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**Please indicate *ONLY* the items that need to be changed.**

<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	

**If you answer *YES* to either of the below, please submit supporting documentation.**

<input type="checkbox"/> Change in Ownership  *Race Codes: B – Black W – White H – Hispanic NA – Native American SA – Subcont Asian AP – Asian/Pacific Is	<b>Principal Owner(s):</b>	<b>Title:</b>	<b>Gender:</b>	<b>Race:</b>	<b>Percentage Owned:</b>
			<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		

<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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**If you are changing your business description, please provide any professional licenses/certifications required by state law for the operation of the business.**

<input type="checkbox"/> New Business Description					
<input type="checkbox"/> Change NAICS Codes ( <a href="http://www.naics.com">www.naics.com</a> 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

**By my signature below, I certify that the information I have supplied on this form and the attached documentation is true and correct.**

**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