



RENEWAL FORM

RETURN TO:
sbeprogram@charlestoncounty.org

Name of Business:	Email:
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Have there been any changes to your business' information, legal structure and/or ownership in the past year?

- If no, please sign the bottom of the form and return it with required documents listed below
- If yes, please complete the remainder of form and return it 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 *Race Codes: B – Black W – White H – Hispanic NA – Native American SA – Subcont Asian AP – Asian/Pacific Is	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		

New Legal Structure of Business Sole Proprietorship Partnership Corporation Joint Venture LLC LLP Other

New Business Description

<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).

***Failure to attach these required documents will result in your renewal request being returned.**

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"/> Verified Documentation <input type="checkbox"/> Database <input type="checkbox"/> Completed
<input type="checkbox"/>	Initial _____ Date _____
<input type="checkbox"/>	