



INFORMATION CHANGE REQUEST

RETURN TO:
sbeprogram@charlestoncounty.org

Name of Business:	Email:
-------------------	--------

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	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		
<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					

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 (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

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