



# Marion County

## Business License Division

2523 E. Hwy 76 P.O. Box 1091 Marion, South Carolina 29571

Phone (843) 423-8238 x147

Fax (843) 423-8191

Email: [arobinson@marionsc.org](mailto:arobinson@marionsc.org)

Ashley Robinson, Business License Technician

### \*OFFICE USE ONLY\*

|                              |            |                  |
|------------------------------|------------|------------------|
| FEE                          | CASH / CK# | LICENSE #        |
| IN COUNTY YES ___ NO ___     |            | ISSUED BY: _____ |
| HOME BUSINESS YES ___ NO ___ |            | SIC CODE _____   |

### APPLICATION FOR COUNTY BUSINESS LICENSE

BUSINESS NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

BUSINESS ADDRESS:

(STREET)

CITY, STATE, ZIP: \_\_\_\_\_

NAME OF OWNER/OFFICER: \_\_\_\_\_

MAILING ADDRESS & PHONE:  
(IF DIFFERENT)

FEDERAL I.D. OR S.S.# \_\_\_\_\_ RETAIL/STATE LICENSE# \_\_\_\_\_

TOTAL GROSS RECEIPTS FOR YEAR ENDING \_\_\_\_\_ \$ \_\_\_\_\_ (Rate Scale located on the back of this form)

IN COUNTY APPLICANT'S BUSINESS LICENSE MINIMUM FEE \$50 OUT OF COUNTY APPLICANT'S BUSINESS LICENSE MINIMUM FEE \$100

ALL MARION COUNTY BUSINESS OWNERS MUST PROVIDE PROOF THAT THE BUSINESS PROPERTY TAXES HAVE BEEN PAID. IF NO PROOF IS PROVIDED, YOU WILL NOT BE ISSUED A COUNTY LICENSE.

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)