



Fairfield County Council
Business Registration Application
 350 Columbia Road
 P.O. Drawer 60
 Winnsboro, SC 29180
 Phone (803) 815-4000
 Fax (803) 815-0657

REGISTRATION NUMBER: _____

DATE: _____

INITIALS: _____

Application Year: _____ Registration # _____ Business Name: _____ Physical Business Location: _____ City/State/Zip: _____ Telephone: _____ Fax: _____ Check All (Applicable): Registration: New () Renewal () Ownership Change () Location Change () Out of Business () Closing Date: _____ Real Estate Tax Map Number: _____ Real Estate Owner: _____ Mailing Address: _____ City/State/Zip: _____ Telephone Number: _____ SCDOR REF: _____ Federal ID Number/ SSN: _____	Business Owner: _____ C/O: _____ Mailing Address: _____ City/State/Zip: _____ Telephone: _____ Number of Employees: _____ Ownership: (Check One) Corp () Individual () Partner () LLC () LLP () Type of Business Activity: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Agricultural, Forestry, Fishing, Hunting</td> <td><input type="checkbox"/> Professional Scientific & Technical Services</td> </tr> <tr> <td><input type="checkbox"/> Mining</td> <td><input type="checkbox"/> Management of Companies & Enterprises</td> </tr> <tr> <td><input type="checkbox"/> Utilities</td> <td><input type="checkbox"/> Administrative and Support, Waste Mgmt. & Remediation</td> </tr> <tr> <td><input type="checkbox"/> Construction</td> <td><input type="checkbox"/> Education Services</td> </tr> <tr> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Health Care & Social Assistance</td> </tr> <tr> <td><input type="checkbox"/> Wholesale Trade</td> <td><input type="checkbox"/> Arts, Entertainment & Recreation</td> </tr> <tr> <td><input type="checkbox"/> Retail Trade</td> <td><input type="checkbox"/> Accommodation & Food Services</td> </tr> <tr> <td><input type="checkbox"/> Transportation and Warehouse</td> <td><input type="checkbox"/> Real Estate, Rental & Leasing</td> </tr> <tr> <td><input type="checkbox"/> Information</td> <td><input type="checkbox"/> Other Services</td> </tr> <tr> <td><input type="checkbox"/> Finance & Insurance</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Bars, Taverns, Pubs, Nightclubs</td> <td></td> </tr> </table>	<input type="checkbox"/> Agricultural, Forestry, Fishing, Hunting	<input type="checkbox"/> Professional Scientific & Technical Services	<input type="checkbox"/> Mining	<input type="checkbox"/> Management of Companies & Enterprises	<input type="checkbox"/> Utilities	<input type="checkbox"/> Administrative and Support, Waste Mgmt. & Remediation	<input type="checkbox"/> Construction	<input type="checkbox"/> Education Services	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Health Care & Social Assistance	<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Arts, Entertainment & Recreation	<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Accommodation & Food Services	<input type="checkbox"/> Transportation and Warehouse	<input type="checkbox"/> Real Estate, Rental & Leasing	<input type="checkbox"/> Information	<input type="checkbox"/> Other Services	<input type="checkbox"/> Finance & Insurance		<input type="checkbox"/> Bars, Taverns, Pubs, Nightclubs	
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Person Completing Application: (Print Name) _____ Title of Applicant: _____ Mailing Address: _____ City/State/Zip _____ E-mail: _____ Phone: _____ I attest, under penalty of perjury, I am in compliance with the Immigration Reform and Control Act of 1986 (Department of Homeland Security Form I-9, Employment Eligibility Verification) Signature: _____ Date: _____																							
<u>New Businesses Must Register with the County Prior to Beginning Operation.</u> RENEWAL BUSINESS REGISTRATIONS MUST BE FILED PRIOR TO DECEMBER 31 EACH YEAR.																							

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