



Fairfield County Council
Business Registration Application
 P.O. Drawer 60
 Winnsboro, SC 29180
 Phone (803) 815-4080 | Fax (803) 815-0657
 Address: 250 N. Walnut St. Winnsboro, SC 29180

Application Year _____	
Registration # _____	
Date Filed _____	
OFFICE USE ONLY	
<input type="checkbox"/>	New Registration
<input type="checkbox"/>	Renewal
<input type="checkbox"/>	Ownership Change
<input type="checkbox"/>	Location Change
<input type="checkbox"/>	Out of Business Closing Date _____

Business Information (required)

Business Name _____
 Physical Business Location _____
 City/State/Zip _____
 Phone _____ Fax _____
 Email _____

Business Owner Information (required)

Name _____
 C/O _____
 Mailing Address _____
 City/State/Zip _____
 Phone _____ Fax _____
 Email _____
 Number of Employees _____

Ownership (Check one)	
<input type="checkbox"/>	Corporation
<input type="checkbox"/>	Individual
<input type="checkbox"/>	Partner
<input type="checkbox"/>	LLC
<input type="checkbox"/>	LLP

Business Type (required, check one)

<input type="checkbox"/>	Agricultural, Forestry, Fishing, Hunting
<input type="checkbox"/>	Mining
<input type="checkbox"/>	Utilities
<input type="checkbox"/>	Construction
<input type="checkbox"/>	Manufacturing
<input type="checkbox"/>	Wholesale Trade
<input type="checkbox"/>	Retail Trade
<input type="checkbox"/>	Transportation and Warehouse
<input type="checkbox"/>	Information
<input type="checkbox"/>	Finance & Insurance

<input type="checkbox"/>	Bars, Taverns, Pubs, Nightclubs
<input type="checkbox"/>	Professional Scientific & Technical Services
<input type="checkbox"/>	Management of Companies & Enterprises
<input type="checkbox"/>	Administrative & Support, Waste Mgmt & Remediation
<input type="checkbox"/>	Education Services
<input type="checkbox"/>	Healthcare & Social Assistance
<input type="checkbox"/>	Arts, Entertainment & Recreation
<input type="checkbox"/>	Accommodation & Food Services
<input type="checkbox"/>	Real Estate, Rental & Leasing
<input type="checkbox"/>	Other Service: _____

Additional Information (required)

Is this business registered with the Secretary of State of South Carolina? _____ Yes _____ No
 SCDOR Reference # _____ Federal ID # / SSN _____

Person Completing Application (Print Name) _____
Title of Applicant _____
Email _____ Fax _____
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 _____

New businesses **MUST register with the County prior to beginning operation.
 RENEWAL BUSINESS REGISTRATIONS MUST BE FILED PRIOR TO **DECEMBER 31 EACH YEAR.****