



Information Change Request

INTERNAL USE ONLY
<input type="checkbox"/> APP LOG
<input type="checkbox"/> DATABASE
<input type="checkbox"/> COMPLETED _____
MISSING DOCS
<input type="checkbox"/>
<input type="checkbox"/>

Please do not forget to attach the required documentation if there have been any changes to ownership and/or the legal structure of the business. Applications that are not complete will be returned.

Business Name:	
Email:	

Please indicate *ONLY* the items that need to be changed.

<input type="checkbox"/> New Physical Address:	
<input type="checkbox"/> New Mailing Address:	
<input type="checkbox"/> New Phone No.:	
<input type="checkbox"/> New Cell No.:	
<input type="checkbox"/> New Email:	<input type="checkbox"/> Check this box if you would like to receive information about upcoming procurement opportunities and workshops
<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	Name	Title	Gender	*Race	% Owned
					%
					%
					%
<input type="checkbox"/> New Legal Structure of Business:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <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"/> NAICS Codes: (www.naics.com for help)	<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:** _____

RETURN TO: sbeprogram@charlestoncounty.org
 4045 Bridge View Drive, Suite B250, North Charleston, SC 29405
 Phone: 843-958-4750 Fax: 843-958-4758