



Renewal Form

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. Applications that are not complete will be returned.

Business Name:	
Email:	

Business Information, Legal Structure and Ownership

Have there been any changes to your business' information, legal structure and/or ownership in the past year?

- No, there have not been any changes (skip to "required documents" section)
- Yes, there have been changes (complete remainder of form)

Changes to Business Information, Legal Structure and Ownership (check and complete only the boxes that apply:)

<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:																					
<input type="checkbox"/> Change in Ownership *Race Codes B- Black W- White H- Hispanic NA- Native American SA- Subcont Asian AP- Asian Pacific Is	<table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Gender</th> <th>*Race</th> <th>% Owned</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td>%</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>%</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>%</td> </tr> </tbody> </table>	Name	Title	Gender	*Race	% Owned					%					%					%
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<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 _____																					
<input type="checkbox"/> New Business Description:																					
<input type="checkbox"/> NAICS Codes: (www.naics.com for help)	<table border="1"> <tr> <td><input type="checkbox"/>Add <input type="checkbox"/>Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Add <input type="checkbox"/> Delete																			
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Required Documents

- Most recent signed federal tax return (if certification has lapsed, we will need tax returns for all years not supplied)
- Current professional licenses/certifications required by state law for the operation of the business.
- Legal documentation reflecting changes to ownership or legal structure (if any in the past year)

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