



ORDINANCE NO. 2025-05

STATE OF SOUTH CAROLINA	)	AN ORDINANCE ADOPTING
COUNTY OF LEE	)	THE SC STANDARIZED BUSINESS
CITY OF BISHOPVILLE	)	LICENSE APPLICATION

WHEREAS, the City of Bishopville desires to adopt the South Carolina Standardized Business License Application to ensure consistency, compliance, and efficiency in the administration of business licensing; and

WHEREAS, the business license application recommended by MASC is incorporated herein and attached as Exhibit A to this Ordinance; and

WHEREAS, the City of Bishopville seeks to update its business license processing procedures to provide clearer guidance to applicants and to ensure proper review of business license submissions; and

WHEREAS, the City Council finds it necessary and appropriate to establish reasonable review timelines for new applications and supporting documentation;

NOW, THEREFORE, BE IT ORDAINED by the Mayor and City Council of the City of Bishopville, South Carolina:

SECTION 1. Adoption of the South Carolina Standardized Business License Application.

The City of Bishopville hereby adopts the South Carolina Standardized Business License Application. The application is attached hereto and incorporated by reference as Exhibit A. This application shall be used for all business license renewals and new applications.

SECTION 2. Business License Processing and Issuance Policy.

A. Same-day processing or issuance of a business license is not guaranteed and should not be expected for new applications.

B. All new and renewal business license applications, along with any required supporting attachments or documentation, must be submitted using the South Carolina Standardized Business License Application.

C. New applications will be reviewed by the Business License Official, and by any other relevant City departments as needed, for compliance with City ordinances, zoning requirements, public safety standards, and State law prior to issuance.

D. The Applicant shall be issued either an approval or a denial within seven (7) to ten (10) business days, provided no additional review or investigation is required based on zoning, public safety, or regulatory compliance as determined by the Business License Official. If further review is necessary, the Applicant will be notified and informed of any additional information or documentation required.

SECTION 3. Severability.

If any part of this Ordinance is found to be invalid or unenforceable, such invalidity shall not affect the remaining portions, which shall remain in full force and effect.

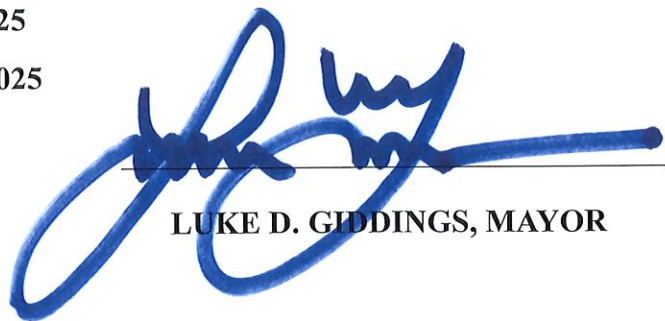
SECTION 4. Effective Date.

This Ordinance shall take effect immediately upon final reading and adoption.

ENACTED IN REGULAR MEETING, this 10th day of December, 2025.

1ST READING: DECEMBER 2, 2025

2ND READING: DECEMBER 10, 2025



LUKE D. GIDDINGS, MAYOR

ATTEST:



JALESHA DAVIS, MUNICIPAL CLERK

EXHIBIT A

(South Carolina Standardized Business License Application)

South Carolina

Standardized Business License Application

City or County: _____

Business Information

Corporate name:	
Name shown to public:	Open date:
Organization type: ☐ Sole proprietor ☐ LLC ☐ LLP ☐ LP ☐ Corporation Articles of Organization or Incorporation may be required.	
Business activity/type:	NAICS code:
Federal ID/SSN #:	State retail sales #:
Mailing address:	
Physical address: ☐ Inside jurisdiction, Tax parcel #: _____ ☐ Outside jurisdiction	
Contact name, title:	
Contact phone: _____ Ext. _____	Alternate phone: _____
Fax: _____	Email: _____

Owner or Principal(s) Information

Owner or Principal(s) name(s), title(s): _____	SSN #: _____
Driver's license #: _____	State: _____ Expiration date: _____
Mailing address: _____	
Work phone: _____ Ext. _____	Cell phone: _____
Fax: _____	Email: _____

Job/Project Information

Project start date: _____	Estimated end date: _____
Project location: _____	Tax parcel #: _____
Project type: ☐ New construction ☐ Renovation ☐ Other _____	
General contractor name: _____	
State contractor license #: _____ Copy may be required	State: _____ Expiration date: _____
Master/specialty license #: _____	
Job contact name: _____	Phone: _____
Total gross revenues of contract amount: \$ _____	
Gross revenues, inside jurisdiction: \$ _____	Gross revenues, outside jurisdiction: \$ _____
Value of authorized deductions: \$ _____	Deduction type(s): _____

Contact your city or county business licensing office with questions regarding this form.
Visit www.masc.sc (Keyword: Municipal Directory) to find contact information for your city or town.

Other Information

☐ Yes ☐ No	Buying an existing construction business? <i>If yes, purchased business' name:</i>
☐ Yes ☐ No	Business leasing space to another business?
☐ Yes ☐ No	Mail business license renewals to mailing address listed in the business information section on the previous page? <i>If not, corporate address:</i>
☐ Yes ☐ No	Change of use to building?
☐ Yes ☐ No	Erecting a new sign?
☐ Yes ☐ No	Home occupation?
☐ Yes ☐ No	Independent contractors (Form 1099)? <i>If yes, names:</i>
☐ Yes ☐ No	Leasing property? <i>If yes, landlord name and address:</i>
☐ Yes ☐ No	Restrictive covenants? If yes, provide copy.
☐ Yes ☐ No	Do you sell food or beverages that are prepared and/or consumed on your premises?

Applicant Certification *(Contact the municipality in which you are doing business to determine if a notarized signature is required.)*

1. I hereby certify that all information provided is true and correct to the best of my knowledge and that the gross revenue is accurately reported or estimated for a new business without any unauthorized deduction.
2. I certify that assessments, delinquencies and personal property taxes due to the jurisdiction are fully paid.
3. I understand that providing false or fraudulent information may result in penalties, business license revocation and/or prosecution to the fullest extent possible.
4. I am aware of and understand the jurisdiction's requirements and codes, and the issuance of a business license is contingent upon strict and consistent compliance with all of the jurisdiction's requirements.
5. I understand that failure to comply with these requirements may result in business license revocation as well as other compliance or legal efforts.
6. I also understand and authorize the jurisdiction and its agents to utilize all information on this application to ensure that all other federal, state and local laws are complied with.

Applicant printed name:

Signature:

Title:

Date:

For Office Use Only

Approved by all necessary departments? ☐ Yes ☐ No		
Comments		
Approved? ☐ Yes ☐ No	Date:	
Business license #:	Rate class:	
Rate Base rate: \$	Every \$1,000 after: \$	
Amount due Fee: \$	Penalties: \$	Total: \$
Decal required? ☐ Yes ☐ No	Cost/each: \$	Total: \$
Receipt Amount paid: \$	Date paid:	Number of decals:
Staff name:	Signature:	Date:

**Contact your city or county business licensing office with questions regarding this form.
Visit www.masc.sc (Keyword: Municipal Directory) to find contact information for your city or town.**