RICHLAND COUNTY GOVERNMENT COMMUNITY PLANNING & DEVELOPMENT BUSINESS SERVICE CENTER

2020 Hampton Street, Suite 1050, P.O. Box 192, Columbia SC 29202 T 803-576-2287 | F 803-576-2289 | TDD 803-576-2045 bsc@richlandcountysc.gov | richlandcountysc.gov/bsc



Business Personal Property Tax: Certification

This Certification Form is required of all Richland County business owners who assert that their business does not own any fixtures, furniture, or equipment. This form must be completed and returned to the Business Service Center to apply to have the requirement to provide a Business Personal Property Tax receipt annually with each business license renewal application waived.

| Вı | ISIT | less Information | | | | |
|----|--|---|--|---------------------------|--|--|
| 1. | Co | rporate business name: | | | | |
| 2. | Na | me as seen by the public: | | | | |
| | | | Business License #: | | | |
| 4. | Bu | siness Location (suite, street, CITY, ZIP |): | | | |
| | | | Phone #: | | | |
| 6. | Sp | ecific Business Activity | | | | |
| 7. | 20 | 17 NAICS code | (see www.census.gov/naics/ for help) | | | |
| C | erti | fications | | | | |
| 1. | I certify that the business indicated above is described by one of the following (initial only one) | | | | | |
| | a. | is a <u>home-based business</u> – located primary residence, or | in and operates from the home which s | serves as my Initial: | | |
| | b. | b. is a <u>booth-renting business</u> – leasing a space within a commercial location as a booth-renter, whether for hair or nail salons, massage offices, or other similar businesses, or | | | | |
| | | | | Initial: | | |
| | c. | c. <u>leases all (completely 100%)</u> of its fixtures, furniture, and/or equipment from another company which does pay Business Personal Property Taxes on those items. | | | | |
| | | Company name | Phone # | | | |
| | | Property File Number | | Initial: | | |
| 2. | I certify that the business indicated above does not <i>itself</i> own <u>any</u> fixtures, furniture, and/or equipment. Further, if 1a. or 1b. above applies, I further certify that any fixtures, furniture, and equipment used to conduct the operations of this business are owned by me as an individual (and not owned by the business). Initial: | | | | | |
| 3. | | ertify that I do not itemize on my, or niture, or equipment owned by me as | the business', federal income tax returns an individual. | ns any fixtures, Initial: | | |
| | | | | | | |

Revised: 12/31/2020 1 of 2



RICHLAND COUNTY GOVERNMENT COMMUNITY PLANNING & DEVELOPMENT BUSINESS SERVICE CENTER

2020 Hampton Street, Suite 1050, P.O. Box 192, Columbia SC 29202 T 803-576-2287 | F 803-576-2289 | TDD 803-576-2045 bsc@richlandcountysc.gov | richlandcountysc.gov/bsc



| 4. | I certify that, in the event that the business furniture, and/or equipment in the future, I with either the State Department of Revent first calendar year in which the business put | will file to pay Business Personal ue or the County Auditor's Office | Property Taxes | | | |
|--|---|--|----------------|--|--|--|
| 5. | I certify that I understand, if this business does in fact own fixtures, furniture, and/or equipment and yet fails to file and pay Business Personal Property Taxes, this violates both the Richland County Code of Ordinances Section 23-3(b) and (d) and the State Code of Laws Section 12-37-900 or -970. The business owner shall be guilty of a misdemeanor, and the violation will result in enforcement actions to the fullest allowable extent. Initial: | | | | | |
| 6. | I certify that I am authorized to complete this Business Personal Property Tax Certification Form because I am either the owner or an authorized representative/agent of the owner of the business for which a Richland County business license is being applied. Initial: | | | | | |
| Sig | gnature | | | | | |
| I understand, by my signature below, that any person who falsely certifies to any one or more of the above statements shall be guilty of perjury under the South Carolina Code of Laws and shall be prosecuted to the fullest extent of the law. | | | | | | |
| Ap | plicant or Authorized Agent Signature | Printed Name | | | | |
| Tit | le: | Date: | | | | |
| Re | lationship of Applicant to Business (owner, | principal, agent, etc.) | | | | |

Revised: 12/31/2020 2 of 2

