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Aiken County
Office of the Tax Collector

PO Box 873
Aiken, SC 29802-0873
(803) 642-2081 Fax (803) 642-3284

APPLICATION FOR BUSINESS REGISTRATION

County Registration No.: _____ Year: 20____

Business Information

Name of Business: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____ E-Mail Address: _____

Property File No.: _____ or County Jurisdiction No.: _____

Type of Ownership: _____ Date Opened: _____

Type of Business: Please describe in detail products or services provided.

Owner Information

Name(s): _____

Address(es): _____

City: _____ State: _____ Zip: _____ Phone #: (_____) _____

All Business Registrations are due by July 1st and expire December 31st of each year

I understand that issuance of a County Business Registration does not relieve me of the responsibility of meeting all county zoning and building code requirements, and that I am subject to all provisions of the Business Registration Ordinance No. 06-10-31 of Aiken County.

I certify that the information given in this application is true, that the Real Estate and Merchant taxes due and payable to the County have been paid.

Owner or Authorized Representative Title Date

Failure to Comply is a misdemeanor and you may be fined up to \$500.00 and/or imprisonment for not more than thirty (30) days for each violation.