



APPLICATION FOR REVIEW OF BUSINESS LOCATION

All Business in the Town of Lexington are reviewed for compliance with current zoning, landscaping, building, utility and other requirements. The appropriate departments will review this business location for such compliance. During the review, you may be contacted by Town of Lexington employees with questions regarding particular aspects of your business location. You will be contacted when we have finished processing your request.

Please return completed application to the Business Services Center on the 3rd floor of Town Hall. Or email permits@lexsc.com. For any questions, please call (803)356-5938.

NOTE: This application is not for a home based business or out of town business. Also, a business license application, and waste water treatment form (if utilities will be placed in business name) must be submitted along with this application.

<p>Reason for submitting form:</p> <p><i>Check all that apply:</i></p> <ul style="list-style-type: none"><input type="checkbox"/> New business within the Town of Lexington.<input type="checkbox"/> This business was recently annexed and I received a letter instructing me to obtain a business license.<input type="checkbox"/> New owner of this business.<input type="checkbox"/> This business has changed locations within the Town of Lexington. The former address of this business was _____<input type="checkbox"/> This business was recently found to be operating without a business license and I was instructed to obtain a business license.<input type="checkbox"/> Booth Renter/Commission employee in a salon. Name of Salon: _____<input type="checkbox"/> Space within existing office, not separate unit.<input type="checkbox"/> Other: _____	<p>General contact information:</p> <p>Name of applicant: _____</p> <p>Phone number: _____</p> <p>E-mail address: _____</p> <p>Business name: _____</p> <p>Business address: _____ Suite: _____</p> <p>Office phone number (if different from above): _____</p> <hr/> <p>Emergency contact information <u>if different from above</u>:</p> <p>Who should we contact in case of an emergency at the location (fire, burglary, etc.)? _____ Phone number: _____</p> <p>Name of building owner (if different from above): _____ Phone number: _____</p> <p>Does this location have an alarm/security system? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, will one be installed? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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Type of activity:
 Type of establishment (restaurant, office, medical, etc.—be as specific as possible):

 Is this a change of use from previous occupancy (i.e: retail store to restaurant)?
 Yes No Vacant (unsure what was there before)
 If yes, what was it previously? _____

Utility-related questions for change of use businesses:
 Number of employees at this location: _____
 If this is a restaurant, the number of seats: _____
 Is there a grease trap? Yes No (Please note that you may be contacted)
 If this is a beauty salon, the number of chairs _____ and the number of sinks _____

Utility Billing:
 Are you obtaining or transferring utilities (water and/or sewer service) in/into your name?
 Yes No
 * Please note that utility service will not be transferred until Location Review is Completed.

Signage: All signs need to be approved and permitted.
 Will any new signage be installed at this location? Yes No
 Has the sign contractor submitted a permit application? Yes No
 If no, please have sign contractor complete a sign permit application prior to installation.
 Will a temporary banner be put up at this location? Yes No
 If yes, please fill out a temporary banner permit.

Building-related questions:
 A. Total SQFT of building/unit: _____
 - Is this in a commercial center?: Yes No
 B. Will any renovations be done at this location? Yes No
 (If yes, complete C)
 C. Describe work to be done: _____

 Has a permit been submitted for the above work? (Painting & flooring do not require permits) Yes No
Please note that you may be contacted based on scope of work above to apply for a permit if you have not already done so.
 Are you hiring a contractor to do this work? Yes No
 If yes, please verify that the contractor is licensed with SCLLR and knows or will be told by you to acquire applicable permits and business license. _____
 (Initial)
 Please list contractor(s)/:

Please note that any activity requiring permits or licensing, where they are not obtained, are subject to fines in accordance with Town Policies & Ordinances.
Town Council passed an Impact Fee Ordinance in affect as of Feb. 2nd, 2020. This location may be subject to Impact Fees. If fees apply to this location we will notify you once we process your paperwork.

I certify that the information in this application is correct. Applicant Signature _____ Date _____