



# Change of Ownership or Principal Form

- **NOTE!** All ownership changes also require a Clearance Form and an Application for a New Business License to be completed.

## Type of Ownership Change

- Total change in ownership                       Removal of a current owner(s)  
 Addition of another owner(s)                       Other: \_\_\_\_\_

## Business Information

1. Business Name \_\_\_\_\_
2. Federal ID # or SSN \_\_\_\_\_
3. Date Business Started \_\_\_\_\_

## Total Change of Ownership

Change Effective Date: \_\_\_\_\_

Previous Owner(s) – If more sheets are needed, please use a blank sheet.

1. Owner(s) Name \_\_\_\_\_
2. Federal ID # or SSN \_\_\_\_\_
3. Mailing Address \_\_\_\_\_
4. Work # \_\_\_\_\_ Cell #: \_\_\_\_\_

**Under penalty of perjury**, I declare I was/am an owner of the business referenced above and have sold or transferred, or will shortly sell or transfer, ownership of this business to the new owner(s) indicated below.

5. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

New Owner(s) – If more sheets are needed, please use a blank sheet.

1. Owner(s) Name \_\_\_\_\_
2. Federal ID # or SSN \_\_\_\_\_
3. Mailing Address \_\_\_\_\_
4. Work Phone \_\_\_\_\_ Home Phone: \_\_\_\_\_
5. E-mail address \_\_\_\_\_

**Under penalty of perjury**, I declare I have legally purchased or otherwise obtained ownership of, or will shortly purchase or otherwise obtain ownership of, the business referenced above.

**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



6. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Addition of Another Owner**

Change Effective Date: \_\_\_\_\_

1. Owner(s) Name \_\_\_\_\_
2. Federal ID # or SSN \_\_\_\_\_
3. Mailing Address \_\_\_\_\_
4. Work # \_\_\_\_\_ Cell # \_\_\_\_\_
5. E-mail \_\_\_\_\_

**Under penalty of perjury**, I declare I have legally purchased or otherwise obtained ownership of, or will shortly purchase or otherwise obtain ownership of, of the business referenced above.

7. Signature of additional owner: \_\_\_\_\_ Date: \_\_\_\_\_
8. Signature of original owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

**Removal of An Owner**

Change Effective Date: \_\_\_\_\_

1. Owner(s) Name \_\_\_\_\_
2. Federal ID # or SSN \_\_\_\_\_
3. Mailing Address \_\_\_\_\_
4. Work # \_\_\_\_\_ Cell # \_\_\_\_\_
5. E-mail \_\_\_\_\_

**Under penalty of perjury**, I declare that I was/am an owner of the business referenced above, that I am legally removed, or will shortly be legally removed, from any ownership of this business, and that all information provided is true and correct.

6. Signature of removed owner(s): \_\_\_\_\_ Date: \_\_\_\_\_
7. Signature of remaining owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

**Person Completing Form**

Printed Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Relationship of Applicant to Business (owner, agent, etc.) \_\_\_\_\_

For Previous  or New  Owner Date \_\_\_\_\_

