

**South Carolina Law Enforcement Division
Regulatory Services Unit**

1. Is your company incorporated? _____ Yes _____ No

(a) If yes, please attach a copy of Articles of Incorporation certified by the Secretary of State and list below, or on an attached sheet, the name, address, race, sex, date of birth, and Social Security number of all corporate officers and Board of Directors. If business is a corporation, only the corporate head is required to fill out application for license. However, with the approval of the Division, such corporate head may designate in writing a corporate official to fill out the application for license.

Name	Address	Race/Sex	DOB	Social Security #

(b) Are you the Corporate Head? _____ Yes _____ No
(If NO, a letter must be attached from the corporate head designating you as the licensee)

2. Do you have financial interest in the company? _____ Yes _____ No
(If company is NOT incorporated, individual applying for license must have a financial interest in the company.)

3. Is your company a partnership or an association? _____ Yes _____ No

If yes, please attach a completed application for each partner and/or associate member and list their names, addresses, race, sex, dates of birth and Social Security numbers below for purposes of a criminal history check.

Name	Address	Race/Sex	DOB	Social Security #

4. Are you the sole owner of this company? _____ Yes _____ No

If no, please list name, address, race, sex, date of birth, and social security number of all individuals who have a financial interest in this company, if not already shown on this form.

Name	Address	Race/Sex	DOB	Social Security #

(For statutory clarification, please refer to Section 40-18-50, 40-18-60, or 40-18-70 of the 1976 S.C. Code of Law as Amended.) I hereby certify the above information to be true and complete to the best of my knowledge. I further understand that willfully withholding information or making false statements on this form may be the basis for denial, revocation, or suspension of my license and registrations by the S.C. Law Enforcement Division.

Signature of Applicant

Date

Sworn and subscribed before me this
The _____ day of _____, 20_____

Notary Public for South Carolina

Commission Expires: _____