S. C. BUILDING CODES COUNCIL
P. O. Box 11329
Columbia, SC 29211-1329
803-896-4688

APPLICATION FOR LICENSE
MODULAR BUILDING MANUFACTURER

MANUFACTURING FACILITY IDENTIFICATION: **Federal ID #**_____

Name:_____

Address: _____
(Street) (City) (State) (Zip)

Facility Location:_____

Mailing Address:_____
(if different) (Street) (City) (State) (Zip)

Telephone Number:_____**Fax:**_____

Facility Manager:_____

ORGANIZATION:

State of Incorporation_____**Proprietorship** _____**Partnership**_____**Corporation**_____
Use separate sheet of paper to list names and addresses of all officers or partners, their individual percentage of interest in the business, and all other individuals with a financial interest of five (5) percent or more.
State the business history of each owner, partner or corporate officer for the past seven (7) years.

THIRD PARTY INSPECTION AGENCY:

Agency Name _____

SIGNATURES:

Facility Manager _____ **Date** _____

Print Name and Title_____

Application Prepared By_____ **Date** _____

Print Name and Title _____

Personal information provided in this application may be subject to public scrutiny or release under the S.C. Freedom of Information Act or other provisions of federal and state law.

OFFICE USE ONLY
License Fee Received _____ Plan Maintenance Fee Received _____ License No. _____
Bond ___ Certificate of Insurance ___ Issue Date _____ Expire Date _____
Processed by _____