HORRY COUNTY POLICE DEPARTMENT

2560 North Main Street, Suite 7
Conway, South Carolina 29526

www.horrycounty.org

Print Reset

Preclearance Application

Application must be typed, handwritten applications not accepted.

NAME AND ADDRESS OF APPLICANT

Business Name	Business Telephone	Contact Telephone
Business Address (street, city) ☐ Own ☐ Lease		
Business Mailing Address	Email Address	
Business Description		
Business Type: Choose One ☐ Sole Proprietorship ☐ Partner ☐ LLC ☐ LLP ☐ Corporation ☐ Other -Describe: _____		
Manager's Full Name (last, first middle)	Phone Number	
Agent for Service of Process: Name	Agent Address	

PERSONAL HISTORY OF PROPRIETOR, PARTNER OR CORPORATE OFFICERS, ETC OF APPLICANT'S BUSINESS

- *If applicable, Officers, Directors, Partners, Members, Shareholders, Managers.*
- *If applicable, attach copy of Articles of Incorporation and Certificate of Authority.*
- *Attach separate page if needed*

1	Name (last, first, middle)	Other Names (used in last 7 years)	
Telephone No.	Email Address		
Home Address (street, city, state, zip)			
DOB (Mo, Day, Yr.)	Place of Birth City and State	Social Security No.	Driver License No., State

List Any Criminal Violations (last seven years)

Date	City	State	Charge	Disposition

Has applicant been an owner, director, officer, partner, member, shareholder, or manager of a business that has, in the previous seven (7) years (and at a time during which the person was so related to the business): a. Been declared in a judicial proceeding to be a nuisance; or b. Had its license to operate revoked.	☐ Yes ☐ No	Initials
Has applicant resided with someone who has been an owner, director, officer, partner, member, shareholder, or manager of a business that has, in the previous seven (7) years (and at a time during which the person was so related to the business): a. Been declared in a judicial proceeding to be a nuisance; or b. Had its license to operate revoked.	☐ Yes ☐ No	Initials

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APPLICATION TASKS

(Be sure to include all appropriate documentation with your application.)

- ☐ Fingerprints for all applicants
- ☐ Safety Plan
- ☐ $250 Fee
- ☐ Copy of Lease
- ☐ Copy of Drivers Licenses for all applicants
- ☐ Copy of Articles of Incorporation
- ☐ Copy of Certificate of Authority in SC

ALL REQUIRED APPLICANTS' SIGNATURES:

1. Signature:_____ Date:_____
2. Signature:_____ Date:_____
3. Signature:_____ Date:_____
4. Signature:_____ Date:_____
5. Signature:_____ Date:_____
6. Signature:_____ Date:_____
7. Signature:_____ Date:_____
8. Signature:_____ Date:_____
9. Signature:_____ Date:_____
10. Signature:_____ Date:_____

Sworn and subscribed before me, this the ____ Day of _____ Yr _____.

_____

Notary Public

My Commission Expires: