STATE OF SOUTH CAROLINA
SECRETARY OF STATE

HIGH GROWTH SMALL BUSINESS JOB CREATION ACT
INITIAL APPLICATION FOR REGISTRATION AS QUALIFIED BUSINESS

Pursuant to Section 11-44-60 of the 1976 S.C. Code of Laws, as amended, the undersigned applicant hereby submits the following information to the Secretary of State for the purpose of registering as a "qualified business" under the High Growth Small Business Job Creation Act of 2013:

1. Name of business:

2. Type of business:

☐ Corporation ☐ Limited Liability Company

☐ General Partnership ☐ Limited Partnership

☐ Other: _____

3. Date business was incorporated, organized, or formed: _____

4. Address of business:

_____
(Street Address)

_____
(City, State, Zip Code)

5. The location of the headquarters of the business is:

_____
(Street Address)

_____
(City, State, Zip Code)

6. Description of the type of business in which the business is engaged:

☐ Manufacturing ☐ Software Development ☐ Ambulatory Health Care Services

☐ Processing ☐ Information Technology Services ☐ Hospitals

☐ Warehousing ☐ Research and development ☐ Nursing and Residential Care Facilities

☐ Wholesaling ☐ Other: _____

Name of Corporation

7. Does the business substantially engage in one or more of the following activities: retail sales; real estate or construction; professional services; gambling; natural resource extraction; financial brokerage, investment activities, or insurance; or entertainment, amusement, recreation, or athletic or fitness activity for which an admission or fee is charged?

☐ Yes ☐ No

8. Has the business had a gross income of more than two million dollars ($2,000,000.00) in any complete fiscal year prior to filing this registration with the Secretary of State?

☐ Yes ☐ No

9. State the total amount of capital raised by the business as of the date of the filing of this application:

_____

10. State the total number of persons currently employed by the business: _____

11. State the total number of full-time, part-time, and temporary jobs that have been created by the business and the average wages paid by those jobs:

Position	**Full-Time**	**Part-Time**	**Temporary**
Number employed	_____	_____	_____
Average wage	_____	_____	_____

The applicant herewith declares that he or she has read the above and foregoing application and knows the contents thereof, and swears or affirms that the facts set out herein are true and correct.

Date: _____

_____
(Signature of Applicant)

_____
(Print Name of Applicant)

_____
(Title)

_____
(Email Address)

_____
(Telephone Number)

FILING INSTRUCTIONS

1. If the space in this application is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in the application.

2. Please note that the Secretary of State's Office cannot provide legal advice or assist with the completion of this application. It is recommended that this application be completed under the guidance of an attorney or certified public accountant.

3. Please note that this application should be submitted for the purpose of participation in the tax credit program provided under the High Growth Small Business Job Creation Act. This form should not be filed in lieu of Articles of Incorporation, Articles of Organization as a limited liability company, or an Application for a Certificate of Authority to Transact Business by a foreign corporation or foreign limited liability company.

4. Upon receipt of the application, the Secretary of State's Office will review the application to determine if the business meets the requirements of a "qualified business" under the High Growth Small Business Job Creation Act of 2013 (South Carolina Code of Laws §11-44-10 et. seq.). If the application is accepted, the Secretary of State's Office will issue the applicant a letter certifying that the business is registered as a qualified business with the Secretary of State. Certification as a qualified business is effective for twelve (12) months from the date it was issued.

5. If the Secretary of State finds that any of the information contained in the application is false, the Secretary of State will revoke the registration of the business.

6. The application for registration as a qualified business should be sent to the following address:

   Secretary of State
   Attn: Legal Division
   1205 Pendleton Street, Suite 525
   Columbia, SC 29201

Business Name: _____

AFFIDAVIT AFFIRMING AUTHORITY TO EXECUTE APPLICATION FOR REGISTRATION AS A QUALIFIED BUSINESS

Filed pursuant to South Carolina High Growth Small Business Job Creation Act of 2013.

I do solemnly swear or affirm, under penalty of perjury, that I have the authority, either in my own right or on behalf of the board or other entity or group, to execute this application for registration as a qualified business for_____.

(Must match entity name on record with Secretary of State's office)

_____
Officer's Printed Name

_____
Officer's Signature

_____
Notary's Printed Name

Sworn to and subscribed before me

This_____day of_____, 20_____.

_____
Notary's Signature

Notary Public of South Carolina

Date_____

My Commission Expires: _____

Scan and Upload this document to the Business Filing System during the filing process.
File must be in PDF Format.