

APPLICATION FOR BUSINESS AND PROFESSIONAL LICENSE

1. Name of business: \_\_\_\_\_ Tax Map #: \_\_\_\_\_
2. Mailing Address: Street: \_\_\_\_\_ City: \_\_\_\_\_
State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Business physical address: \_\_\_\_\_
4. Contact numbers: Business \_\_\_\_\_ Home \_\_\_\_\_ Fax \_\_\_\_\_
5. Type of business: \_\_\_\_\_
6. Business owner (s): \_\_\_\_\_
7. Owner address: Street: \_\_\_\_\_ City: \_\_\_\_\_
State: \_\_\_\_\_ Zip: \_\_\_\_\_
8. Federal Identification #: \_\_\_\_\_ And/or Social Security # \_\_\_\_\_
9. Computation of license tax based on gross receipts:
a. For new business or change of ownership:
Gross receipts (estimated) ..... \$ \_\_\_\_\_
b. For renewal:
Gross receipts (for preceding calendar year or fiscal year) ..... \$ \_\_\_\_\_
c. For per job contractor's/peddler's license:
Gross receipts of ..... \$ \_\_\_\_\_
Location of job/peddler \_\_\_\_\_
Owner of property \_\_\_\_\_
Start date \_\_\_\_\_ End date \_\_\_\_\_
10. This application is for:
New Business [ ] Start date \_\_\_\_\_ Amusement machines [ ] Yes [ ] No
Renewal [ ] Renewal date \_\_\_\_\_ (If yes, please list) \_\_\_\_\_
Location change [ ] Change date \_\_\_\_\_
Ownership change [ ] Change date \_\_\_\_\_

I CERTIFY THAT ALL OF THE INFORMATION STATED ABOVE IS TRUE AND CORRECT. I UNDERSTAND THAT THE CITY ORDINANCE PROVIDES FOR PENALTIES AND LICENSE REVOCATION FOR MAKING FALSE OR FRAUDULENT STATEMENTS ON THIS APPLICATION.

Print Name \_\_\_\_\_ Title \_\_\_\_\_
Signature \_\_\_\_\_ Date \_\_\_\_\_

For City of Georgetown office use only:

NAICS code: \_\_\_\_\_ Rate Class #: \_\_\_\_\_ Business type: [ ] Annual [ ] Job [ ] Peddler ID# \_\_\_\_\_
Business license fee.....\$ \_\_\_\_\_
Rate schedule charge ..... \_\_\_\_\_
Total license fee ..... \_\_\_\_\_
Amusement Machine fee/other ..... \_\_\_\_\_
Penalty \_\_\_\_\_% ..... \_\_\_\_\_
Total amount due ..... \_\_\_\_\_

Approvals (for new businesses, change of ownership, or change of location)

Zoning (compliance with zoning ordinance) [ ] Approved [ ] Disapproved Date \_\_\_\_\_
Building Official (compliance with building code) [ ] Approved [ ] Disapproved Date \_\_\_\_\_
Fire Department (compliance with fire code) [ ] Approved [ ] Disapproved Date \_\_\_\_\_
DHEC (compliance with health regulation) [ ] Approved [ ] Disapproved Date \_\_\_\_\_
Finance (compliance with license ordinance) [ ] Approved [ ] Disapproved Date \_\_\_\_\_