

APPLICATION FOR BUSINESS LICENSE



BUSINESS
LICENSE
APPLICATION FOR
LICENSE YEAR

FOR OFFICE USE ONLY:

Account #: _____

Date: _____ Clerk: _____

Payment Type: _____ Amt: _____

Town of Pelzer
103 Courtney St
Pelzer, SC 29669

Phone #: (864-947-6231 ext. 1)

E-Mail: cbates@townofpelzer.us

AVOID PENALTY!!

LICENSE YEAR RUNS FROM MAY 1ST THROUGH APRIL 30TH.
PLEASE PURCHASE LICENSE PRIOR TO BEGINNING WORK
WITHIN THE TOWN LIMITS.

COMPLETE ALL HIGHLIGHTED AREAS

BUSINESS NAME/ADDRESS

Business Name: _____

(as appears on vehicles or sign)

Corporate or Alternative Name: _____

Mailing Address: _____

Physical Location: _____

Business Description: _____

E-mail: _____

Company Web Site: _____

BUSINESS INFORMATION

Business Owner: _____

Partner / Contact Person: _____

Phone #: _____

Fax #: _____

Cell #: _____

Federal ID or SS#: _____

S.C. Sales Tax # _____

Contractor Master or Specialty #: _____

NAICS # _____ Rate Class: _____

PLEASE CONTACT OFFICE FOR FINAL COMPUTATION.

GROSS RECEIPTS: \$ _____

ON GROSS RECEIPTS NOT EXCEEDING \$ 2,000 = \$ _____

ON EACH ADDITIONAL \$1,000 OR FRACTION THEREOF OF \$ _____ + \$ _____

CONTRACTORS ONLY:

PENALTY (if applicable) + \$ _____

CURRENT JOB SITE _____

SW FEE/HO FEE (if applicable) + \$ _____

TOTAL JOB COST \$ _____

TOTAL DUE \$ _____

I (we) do hereby certify that the amount listed total job cost is true and correct.

If sending payment by mail, please note that the Town of Pelzer can only accept checks or money

Orders

LAMINATE COST IS ADDITIONAL \$1.00 – IF YOU NEED A REPLACEMENT THE COST IS \$5.00

(Date)

(Title)

(Signature)

WE ACCEPT MASTER CARD, AMEX, VISA & DISCOVER:

ACCT #: _____ EXP. DATE: _____ V-CODE: _____

WE ALSO ACCEPT: CASH, CHECK AND MONEY ORDERS