

City of Georgetown, SC

PO Drawer 939 • Georgetown, South Carolina 29442 • 843.545.4036

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	<input type="checkbox"/>	Start date _____	Amusement machines	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Renewal	<input type="checkbox"/>	Renewal date _____	(If yes, please list)	_____			
Location change	<input type="checkbox"/>	Change date _____	_____				
Ownership change	<input type="checkbox"/>	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 #: _____

Basic 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) | <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved | Date _____ |
| Building Official (compliance with building code) | <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved | Date _____ |
| Fire Department (compliance with fire code) | <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved | Date _____ |
| DHEC (compliance with health regulation) | <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved | Date _____ |
| Finance (compliance with license ordinance) | <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved | Date _____ |