

APPLICATION FOR RENTAL BUSINESS



RENTAL 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
hgraham@townofpelzer.us
lrainey@townofpelzer.us

AVOID PENALTY!!

LICENSE YEAR RUNS FROM MAY 1ST THROUGH APRIL 30TH.
PLEASE PURCHASE LICENSE PRIOR TO SECURING LEASE
AGREEMENT WITH TENANT.

COMPLETE ALL HIGHLIGHTED AREAS

OWNER NAME/ADDRESS

Landlord Name: _____

(as appear on vehicles or sign)

Corporate or Alternative Name: _____

Mailing Address: _____

Physical Location: _____

Business Description: _____

E-mail: _____

Company Web Site: _____

Property Owner: _____

Partner / Contact Person: _____

Phone #: _____

Fax #: _____

Cell #: _____

Federal ID or SS#: _____

NAICS # _____ Rate Class: _____

RENTAL LOCATION: _____

RENTAL LICENSE FEE: PLEASE CONTACT OFFICE FOR COMPUTATION.

GROSS RECEIPTS (all rental properties w/in the town) \$ _____

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

\$ _____

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

+ \$ _____

PENALTY (if applicable) + \$ _____

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.

(Date)

(Title)

(Signature)

WE ACCEPT MASTERCARD, AMEX, VISA & DISCOVER:

ACCT #: _____

EXP. DATE: _____

V-CODE: _____

WE ALSO ACCEPT: CASH, CHECK AND MONEY ORDERS