

# 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  
hgraham@townofpelzer.us  
lrailey@townofpelzer.us

**AVOID PENALTY!!**

**LICENSE YEAR RUNS FROM MAY 1<sup>ST</sup> THROUGH APRIL 30<sup>TH</sup>.  
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 COSTS** \$ \_\_\_\_\_

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 MASTERCARD, AMEX, VISA & DISCOVER:

ACCT #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ V-CODE: \_\_\_\_\_

WE ALSO ACCEPT: CASH, CHECK AND MONEY ORDERS