

P. O. Box 487
Blacksburg SC 29702
864-839-2332

Application for License

Business Information

Corporate name:	
Name shown to public:	Open date:
Organization type:	<input type="checkbox"/> Sole proprietor <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> Corporation
<i>Articles of Organization or Incorporation may be required.</i>	
Business activity/type:	NAICS/SIC/Other code:
Federal ID/SSN #:	State retail sales #:
Mailing address:	
Physical address:	
<input type="checkbox"/> Inside jurisdiction, <input type="checkbox"/> Outside jurisdiction	
Contact name, title:	
Contact phone:	Ext.
Alternate phone:	
Fax:	Email:

Owner or Principal(s) Information

Owner or Principal(s) name(s), title(s):	
Mailing address:	
Work phone:	Ext.
Cell phone:	
Fax:	Email:

Applicant Certification *(Contact the municipality in which you are doing business to determine if a notarized signature is required.)*

1. I hereby certify that all information provided is true and correct to the best of my knowledge and that the gross revenue is accurately reported or estimated for a new business without any unauthorized deduction.
2. I certify that assessments, delinquencies and personal property taxes due to the jurisdiction are fully paid.
3. I understand that providing false or fraudulent information may result in penalties, business license revocation and/or prosecution to the fullest extent possible.
4. I am aware of and understand the jurisdiction's requirements and codes, and the issuance of a business license is contingent upon strict and consistent compliance with all of the jurisdiction's requirements.
5. I understand that failure to comply with these requirements may result in business license revocation as well as other compliance or legal efforts.
6. I also understand and authorize the jurisdiction and its agents to utilize all information on this application to ensure that all other federal, state and local laws are complied with.

Applicant printed name:	Signature:
Title:	Date:

TOWN OF BLACKSBURG

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Application for License
For Year Ending _____

License No. _____

Class _____ Business Type _____

Gross Receipts _____

Address of job _____

For first \$2000.00 of gross receipts \$ _____ plus \$ _____ for each thousand or fraction thereof of gross receipts over the first \$2000.00 of gross receipts.

Amount Due \$ _____

Please do not hesitate to call us should you need help in calculating your fee or if you have any questions.

Business Name

Firm Name /Individual Date

**** Please fill out all lines in order for us to process your license correctly ****