

**City of Greenwood  
Application for Business License**

Name of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Business Location: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Do you sell food or beverages that are prepared and/or consumed on your premises?  Yes  No

Phone Number: \_\_\_\_\_ Emergency No. \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

\_\_\_\_\_

Proprietorship: \_\_\_\_\_

Soc. Sec. No: \_\_\_\_\_

Partnership: \_\_\_\_\_

OR

Corporation: \_\_\_\_\_

Fed. Ident. No: \_\_\_\_\_

If Applicable: State Contractor No: \_\_\_\_\_ SC Sales Tax No.: \_\_\_\_\_

Health Dept No.: \_\_\_\_\_ Contractor Approval:  Yes  No

(By Building Dept)

Estimated Gross Receipts: \$ \_\_\_\_\_ (license will be adjusted in future years until  
business has been open for one full year)

I certify that all of the information stated above is true and correct to the best of my knowledge and belief. I understand that the city ordinance provides for penalties and license revocation for making false or fraudulent statements on this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Title

Notary Public: \_\_\_\_\_

My commission expires \_\_\_\_\_.

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**For Office Use Only**

Class: \_\_\_\_\_

Fee: \_\_\_\_\_

Hospitality \_\_\_\_\_

Code: \_\_\_\_\_

Penalty: \_\_\_\_\_

Total: \_\_\_\_\_

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**MAILING ADDRESS: P O BOX 40, GREENWOOD, SC 29648**

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