

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 _____, _____

Printed Name

Notary Public: _____

My commission expires _____.

Title

For Office Use Only

Class: _____

Fee: _____

Hospitality _____

Code: _____

Penalty: _____

Total: _____

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

PHONE: 864-942-8420 FAX: 864-942-8469

PHYSICAL ADDRESS: 520 MONUMENT ST, ROOM 130, GREENWOOD, SC 29646