

City of Greenwood
Application for Business License
Contractor One Job License

Name of Business: _____

Mailing Address: _____

Phone Number: _____

Emergency No. _____

Owner Name: _____

Owner Address: _____

Proprietorship: _____

Soc. Sec. No: _____

Partnership: _____

OR

Corporation: _____

Fed. Ident. No: _____

State Contractor No: _____
(Contractor Approval by Building Dept.: Yes No)

Type of Business: _____

Job Location: _____

Gross Receipts for Job: \$ _____

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

Printed Name

Title

Date

Subscribed and sworn to before me this _____
day of _____, _____

Notary Public: _____

My commission expires _____.

For Office Use Only

Class: _____

Fee: _____

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