

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.: ڤ Yes ڤ 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

day of _____, _____

Title

Date

Subscribed and sworn to before me this _____

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