

**City of Greenwood**  
**Application for Business License**  
**Contractor One Job License**

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

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

Phone Number: \_\_\_\_\_

Emergency No. \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_ (will be used for ALL future correspondence)

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

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

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

LLC: \_\_\_\_\_

State Contractor No: \_\_\_\_\_

(Contractor Approval by Building Dept.:  Yes  No)

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

Job Location: \_\_\_\_\_

Gross Income 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.

\_\_\_\_\_  
**Owner's** Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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

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

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

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For Office Use Only

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

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

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

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

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

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**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**