

City of Greenwood
Application for Business License

Name of Business: _____

Mailing Address: _____

Business Location: _____

(May be made available to the public)

Type of Business: _____

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

Do you sell beer/wine/liquor for consumption on your premises? Yes No

When did you begin conducting business in the City? _____

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

Phone Number: _____ Emergency No. _____

Owner Name: _____

Owner Address: _____

Proprietorship: _____

Soc. Sec. No: _____

Partnership: _____

OR

Corporation: _____

Fed. Ident. No: _____

LLC: _____

If Applicable: State Contractor No: _____ SC Sales Tax No.: _____

Estimated Gross Income: \$ _____ (license will be adjusted next year based on actual gross income and amortized for next years' fee)

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

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: _____