

City of Hartsville  
PO Drawer 2497 Hartsville SC 29551  
(843) 383-3015 Fax (843) 383-3040



## Business License Application

(All applicable items on this application must be completed before a License will be issued.)

Business Licenses expire on December 31st each year. Renewals must be paid in full on or before January 31st to avoid penalties.

For Office Use		
SIC Code	_____	
Class	_____	
In Town	(yes)	(no)
Parking Zone	(yes)	(no)
Hosp/Acc Tax	(yes)	(no)
Chg of Use	(yes)	(no)
Gross Income \$ _____		
Customer ID # _____		
Fee \$ _____		

Business Name \_\_\_\_\_

Trade Name (Doing Business As) \_\_\_\_\_

Location of job \_\_\_\_\_

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

Business Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Physical Location \_\_\_\_\_

Type of Ownership    Sole Proprietor     Partnership     Corporation     Other \_\_\_\_\_

Owner of Business \_\_\_\_\_

Federal ID # \_\_\_\_\_ South Carolina ID # \_\_\_\_\_

Contact (Name) \_\_\_\_\_ Telephone # \_\_\_\_\_

Mobile # \_\_\_\_\_ Email Address \_\_\_\_\_

Type of Business (Check all that are applicable)

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> Retail      | <input type="checkbox"/> Restaurant    | <input type="checkbox"/> Services       |
| <input type="checkbox"/> Wholesale   | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Insurance      |
| <input type="checkbox"/> Contractor  | <input type="checkbox"/> Landscaping   | <input type="checkbox"/> Accommodations |
| <input type="checkbox"/> Other _____ |  |   |

\*\*\*\*\*  
Contractor License # \_\_\_\_\_ Type    Specialty     General     Residential

Number of Beauty/Barber Chairs \_\_\_\_\_ Owner of Chairs \_\_\_\_\_

Number of Amusement Machines \_\_\_\_\_ Owner of Machines \_\_\_\_\_  
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(If Sole Proprietor)

Driver's License # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

\* I understand that all applications for Business Licenses are subject to applicable City Codes and Ordinances.

\* I understand that all information on this application, including any attachments, is true and correct to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

City of Hartsville Representative