

| FOR OFFICE USE ONLY |              |
|---------------------|--------------|
| LIC. NO.            | PROCESSED BY |
| CODE                | DATE ISSUED  |
| CLASSIFICATION      |              |

APPLICATION FOR BUSINESS AND PROFESSIONAL LICENSE

**LICENSE DUE APRIL 30  
5 % PENALTY APPLIED  
EACH MONTH ON  
UNPAID PORTION**

FOR THE LICENSE YEAR .....

MAKE SEPARATE APPLICATION FOR EACH BUSINESS TO BE LICENSED AT EACH LOCATION

PAYMENT MUST ACCOMPANY APPLICATION



**TOWN OF EDGEFIELD**  
400 MAIN STREET  
EDGEFIELD, SC 29824-1302

BUSINESS NAME:

MAILING ADDRESS:

|                              |          |
|------------------------------|----------|
| 1. COIN OPER. MCHS.          | \$ ..... |
| 2. BASIC LICENSE FEE PLUS    | \$ ..... |
| 3. SCHEDULE RATE CHARGE      | \$ ..... |
| 4. TOTAL LICENSE FEE (1+2+3) | \$ ..... |
| 5. PLUS PENALTY _____ %      | \$ ..... |
| 6. TOTAL AMOUNT DUE (4+5)    | \$ ..... |

ALL APPLICABLE BLANKS ON THIS APPLICATION MUST BE COMPLETED BEFORE A LICENSE WILL BE ISSUED

1. NAME OF BUSINESS .....

2. MAILING ADDRESS: STREET .....

CITY..... STATE..... ZIP.....

3. BUSINESS LOCATION  IN CITY  OUT OF CITY PHONE NO. ....

4. TYPE OF BUSINESS .....

7. NAME OF OWNER: .....

8. ADDRESS OF OWNER: STREET .....

CITY..... STATE..... ZIP.....

5. THIS APPLICATION IS FOR:

CHANGE OF OWNERSHIP  PREVIOUS OWNER .....

CHANGE IN LOCATION  PREVIOUS LOCATION .....

NEW BUSINESS  STARTING DATE .....

RENEWAL OF LICENSE

9a. FOR RENEWAL:

TOTAL GROSS RECEIPTS FOR PRECEDING CALENDAR YEAR ENDING DECEMBER 31, \_\_\_\_\_ OR FOR LAST PRECEDING FISCAL YEAR PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_; GROSS RECEIPTS \$ .....

9b. FOR NEW BUSINESS OR CHANGE OF OWNERSHIP:

ESTIMATED GROSS RECEIPTS OF \$ .....

9c. ALLOWABLE ORDINANCE DEDUCTIONS .....

6. OWNERSHIP:

PROPRIETORSHIP

PARTNERSHIP

CORPORATION

10. SOC. SEC. NO. ....

FED. IDENT. NO. ....

S. C. SALES TAX NO. ....

12. NAME OF YOUR ACCOUNTANT: .....

13. COMPLETE THE FOLLOWING IF BOND IS REQUIRED BY CITY CODE:

NAME OF BONDING CO. \_\_\_\_\_ BOND NO. \_\_\_\_\_ EXPIRES \_\_\_\_\_

TYPE \_\_\_\_\_

FOR NEW BUSINESS, CHANGE OF OWNERSHIP, OR CHANGE OF LOCATION:

APPROVED  DISAPPROVED  ZONE/BUILDING DEPARTMENT

APPROVED  DISAPPROVED  FIRE/POLICE DEPARTMENT

APPROVED  DISAPPROVED  HEALTH DEPARTMENT

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE