City of Bennettsville APPLICATION FOR BUSINESS LICENSE

For Office Use Only NAICS_ Class: Hospitality Tax: Yes or No Change of Occupancy: Yes or No Processed and ID Verified By: _

INSTRUCTIONS: Complete application fully and return to the below referenced address for computation of fees by April 30. Payments of fees are due by May 31. Any application received after May 31 will be assessed a 5% penalty per month until paid. The City of Bennettsville now accepts Credit/Debit Payments.

Name:		Trade Name	(DBA)			
Mailing Address:						
Physical Location:			_ His	torical District?	Yes ()	No ()
Federal ID/SSN#		Sout	h Carolina ID	#		
Business Telephone:		Fax		-		
Location of Job (Contractors):_ Contractor License #		Туре:	Specialty	() General ()	Residential	()
Type of Ownership:	Sole Proprietor ()	LLC ()	LLP ()	LP () COR	PORATION	
	SSN#SSN#					
Driver's license #:	State:			Expiration Date:		
Home Address:						
Telephone Number:	Mobile #:	E	mail Address	! <u>-</u>		
If Sole Proprietor: Driver's License	e #:	Date of Bir	:h:	SS#: _		
Type of Business: Describe Your Business Activity	in Detail:					
PLEASE ANSWER THE FOLLOWII * Is this a home occupation? Yes or * Has the building space been vacar * Will there be any renovation or cor * Will you want to erect a new sign? Gross Receipts: \$	NG QUESTIONS — WH NO * Is this a nt for 12 months of more nstruction at this site? Y Yes or No * Name o	ERE APPROPE a change in the e? Yes or No Yes or No of Sign Company	RIATE: type of busines	ss for this building	g space? Yes o	or No
Basic License Fee of \$ \$ per \$1,000 for	On 1 st \$2,000 gross Receipts in Exc	of Gross Rece ess of 1 st \$2,0	ipts Plus Sch	eduled Rate Ch	arge of	
License Fee: \$	Penalty:	: \$		Total Due: \$	<u> </u>	
I certify that all the information stal City Code provides for penalties and						d that the
Signature			Title		Date	
Number of Vehicle Decals Needed: _						