



Office Use Only			
Approval ?			
License #:		Date:	
Rate Class:		Entered By:	
Decal #:		Signature:	
NAICS			

120 Main St NW, Ninety Six SC 29666

Phone: 864-543-2200

Fax: 864-970-0303

Email: businesslic@ninetysixsc.gov

Business License Application Sheet

Business Name: _____

- Corporation LLC
 Individual Proprietorship Partnership

Mailing Address: _____

City : _____ State: _____ Zip Code : _____

Physical Address: Check box if same as mailing address

Street: _____

City: _____ State _____ Zip Code: _____

Phone: _____ Cell: _____ Fax: _____

Responsible Party/Title : _____ Email: _____

Secondary Contact/Title: _____ Email: _____

FEIN or SSN: _____ Drivers License Number: _____ State: _____ Exp: _____

Type of Work _____

If Contractor, Location of Job: _____

Contract Amount OR Prior Year's Gross Revenue OR Estimated Revenue for current year (New business)

If you have rental property, please check one of the boxes below to determine if accommodation taxes will be due:

- Short Term Rental (less than 90 days) Long Term Rental

Note: If you have more than one rental property listed above, please list all property address's on the back of this form

Applicant Printed Name: _____ Signature: _____ Date: _____