

12/31/2014

APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2014

City of Landrum
100 North Shamrock Avenue
Landrum, SC 29356

PHONE: 864-457-3000 FAX: 864-457-2702

This Application with remittance in full must be completed and returned with full payment on or before **1/1/2014**
If no longer in business, please so indicate and return the application.

BUSINESS NAME AND MAILING ADDRESS

EMERGENCY CONTACT NAME AND ADDRESS

NAME: _____
ADDRESS: _____
ADDRESS 2: _____
CITY, ST., ZIP: _____
PHONE: _____
LOCATION: _____
BUSINESS CLASS: _____
BUSINESS DESC: _____
RESP. PERSON: _____
ACCOUNTANT NAME: _____
BONDING COMPANY: _____
BOND NUMBER: _____
OTHER LICENSE # _____

TAX ID NUMBER: _____
OWNERSHIP TYPE: _____
(Corp., Individual, Partnership, Etc.)
E-VERIFY ID: _____

OFFICE USE ONLY:	
CODE:	_____
RESIDENT:	_____
RENEW:	FAL: _____

CALCULATION OF LICENSE FEE:

LICENSE FEE

GROSS RECEIPTS \$ _____

Late Payment Penalty _____
Total Payment _____

EMAIL/ WEB ADDRESS: _____

5% PENALTY PER MONTH LICENSE DELINQUENT

Signature Title Date

PLEASE NOTE:

Call City Clerk at (864) 457-3000 for rate.