CITY AND COUNTY OF SUMTER
BUSINESS LICENSE DEPARTMENT
Mailing Address: P.O. Box 1449, Sumter, SC 29151
Physical Location: 12 W. Liberty St., Sumter, SC 29150
Phone: (803) 774-1601 Fax: (803) 774-1688

APPLICATION FOR PROFESSIONAL LICENSE

CLASSIFACTION CODE/CONTROL NUMBER: ___5963-8N___/___N/A_____

Mailing Information:
Mailing Name: _____

Mailing Address:
_____
_____
_____

Phone Number: _____
Federal Tax ID#: _____
Officer of Firm: _____

Business Information:
Business Name: _____

Location Address:
_____
_____
_____

Emergency Information:
Name: _____
Mailing Address:
_____
_____
_____
Phone Number: _____

ESTIMATED GROSS AMOUNT FOR EVENT: $_____

LOCATION/EVENT: __Iris Festival – May_____

Seasonal Activities [Not more than two sales periods of not more than three days each year, separate license required for each sale period.]
First $2,000 ……. $ 5.00 PLUS
Over $2,000 ……. $ 2.50 per thousand thereafter.

Total License Fee Due: $ _____

This is to certify that the above is a true statement, and that this report corresponds with the records of the business and with the report of same filed or to be filed, for the corresponding period with the South Carolina tax Commission or Insurance Commissioner. I understand that the City/County Ordinance provides for penalties and license revocation for making false or fraudulent statements in the applications and that an authorized agent of the Business License Department may examine and audit the books and records of the applicant, including federal income tax records.

_____	_____	_____
SIGNATURE	TITLE	DATE

In Order to insure proper credit to your account you must return this prepared application. Please verify all information listed, then complete this application.

ALL CONCERNS ARE SUBJECT TO AUDIT: REPORTED GROSS SUBJECT TO VERIFICATION WITH INTERNAL REVENUE SERVICE.

REMITTANCE MUST ACCOMPANY APPLICATION

A PENALTY OF 5% PER MONTH WILL BE ADDED FOR NONPAYMENT BEGINNING FEBRUARY 16TH (CITY)/MARCH 16TH (COUNTY)