



**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

CLASSIFICATION CODE/CONTROL NUMBER: 5812-1I / 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: _____
EVENT LOCATION: _____

First \$2,000 \$ 25.00 PLUS
 Over \$2,000 \$ 1.00 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 before completing 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)