CITY 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
Email: businesslicense@sumtersc.gov

NON-RESIDENT APPLICATION FOR PROFESSIONAL LICENSE

NAICS CODE/ACCOUNT NUMBER: _____/_____

Have you ever had/ Do you currently have a business license with the City and/or County of Sumter? ☐ Yes ☐ No
If yes, please list the name(s) of the business(es):

_____

_____

_____

Type of Business: ☐ Corporation ☐ Sole Proprietor ☐ LLC ☐ LP ☐ Partnership ☐ Non-Profit

DESCRIPTION OF BUSINESS:

_____

_____

_____

Mailing Information:

Mailing Name: _____

Mailing Address (street, city, state, zip code):

_____

_____

Business Information:

Legal Name of Business (As it will appear on your Federal and SC State Tax Returns):

_____

_____

Doing business as (DBA):

_____

_____

*** Note: The Business License Department does not register DBA's ****

Physical Address of Business (street, city, state, zip code):

_____

_____

_____

Federal Tax ID or Social Security Number (One is required):

_____

Applicant Information:

Name: _____ **Cell #:** _____

Work #: _____ **Home #:** _____

Email address: _____

State license #: _____

Owner/Principal Information:

List the name(s) of owner, partners, corporate officers (list true contact information and attach separate sheet if needed).

Name/Title Address (street, city, state, zip code) Phone Email

_____

_____

_____

_____

Emergency contact:

Name: _____ **Cell #:** _____

Work #: _____ **Home #:** _____

Email address: _____

Relationship: _____

Mailing address (street, city, state, zip code):

_____

_____

_____

ESTIMATE GROSS FOR YEAR 20 __: $ _____- CITY

First $2,000 ……. $ _____ PLUS

Over $2,000…… $ _____ 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 of 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**

REMITTANCE MUST ACCOMPANY APPLICATION

A PENALTY OF 5% PER MONTH WILL BE ADDED FOR NONPAYMENT UPON RENEWAL BEGINNING APRIL 30TH EACH YEAR FOR CITY AND COUNTY.