

**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

Email: businesslicense@sumtersc.gov



SPECIAL EVENT 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

Are you a craft vendor? ☐ Yes ☐ No

Is this business a food truck/trailer/mobile food unit? ☐ Yes ☐ No

If yes, see below requirements.

***FOOD TRUCKS/TRAILERS/MOBILE FOOD UNITS MUST PROVIDE:**

- Copy of SC Department of Agriculture food inspection certificate
- Interior & Exterior photos of the mobile food unit
- List of foods to be sold/menu
- Passed fire inspection from the last 12 months
 - If you do not have an updated inspection, the City of Sumter Fire Department will need to inspect the unit before a business license can be issued.

**FOOD TRUCKS/TRAILERS/MOBILE FOOD UNITS ARE SUBJECT TO COLLECTING AND REMITTING HOSPITALITY TAX (2%) TO THE CITY OF SUMTER*

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):

Owner Information:

Name: _____ Cell #: _____

Work #: _____ Home #: _____

Email address: _____

State license #: _____

Emergency contact:

Name: _____ Cell #: _____

Work #: _____ Home #: _____

Email address: _____

Relationship: _____

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

ESTIMATE GROSS AMOUNT: \$ _____

NAME OF EVENT: _____

DATE(S) OF EVENT: _____

EVENT LOCATION: _____

TYPE OF GOODS SOLD: _____

First \$2,000 \$ _____ PLUS

Over \$2,000..... \$ _____ Per thousand thereafter

CRAFT VENDORS (CLASS 1): First \$2,000 = \$25.00, Over \$2,000 = \$1.20/\$1,000

MOBILE FOOD VENDORS (CLASS 2): First \$2,000 = \$30.00, Over \$2,000 = \$1.40/\$1,000

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.

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