

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

**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 Booth Renter? Yes No

If yes, please list the name of the business where you booth rent:

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).

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

Emergency contact:

<u>Name:</u>	<u>Cell #:</u>
<u>Work #:</u>	<u>Home #:</u>
<u>Email address:</u>	
<u>Relationship:</u>	
<u>Mailing address (street, city, state, zip code):</u>	

ESTIMATE GROSS FOR YEAR 2026: \$ _____

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.