



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

APPLICATION FOR PROFESSIONAL LICENSE

CLASSIFICATION CODE/CONTROL NUMBER: _____ / _____

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: _____

GROSS FOR YEAR 20__ : \$ _____

**First \$2,000 \$ _____ PLUS
Over \$2,000 \$ _____ per thousand thereafter.**

License Fee Due:	\$ _____
Previous Year's Past Due/Penalty Amount:	\$ _____
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)

(Handled By: _____)