



**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:** \_\_\_\_\_ / \_\_\_\_\_

**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:** \_\_\_\_\_

**CONTRACT/JOB AMOUNT:** \$ \_\_\_\_\_

**JOB LOCATION:** \_\_\_\_\_

First \$2,000 ..... \$ 100.00 PLUS

Over \$2,000 ..... \$ 1.70 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, 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 16<sup>TH</sup> (CITY)/MARCH 16<sup>TH</sup> (COUNTY)**

**(Handled By: \_\_\_\_\_)**