

**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](mailto:businesslicense@sumtersc.gov)



ALL EVENTS HELD WITHIN THE CITY AND COUNTY OF SUMTER MUST BE APPROVED BY THE CITY OF SUMTER TOURISM MANAGER.

**APPLICATION FOR PROFESSIONAL LICENSE – SEASONAL EVENTS**

**NAICS CODE/ACCOUNT NUMBER:** 454390-9.42 SEASONAL / \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

<p>ESTIMATE GROSS AMOUNT: \$ _____</p> <p>NAME OF EVENT: _____</p> <p>DATE(S) OF EVENT: _____</p> <p>EVENT LOCATION: _____</p>
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First \$2,000 ..... \$ 5.00 PLUS

Over \$2,000..... \$ 2.50 Per thousand thereafter

<p><b>TOTAL LICENSE FEE DUE: \$ _____</b></p>
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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.