

APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR

CITY OF LANDRUM
 100 N. SHAMROCK AVENUE
 LANDRUM, SC 29356

PHONE: 864-457-3000 FAX: 864-457-2702

This Application with remittance in full must be completed and returned with full payment on or before
 If no longer in business, please so indicate and return the application.

BUSINESS NAME AND MAILING ADDRESS

EMERGENCY CONTACT NAME AND ADDRESS

NAME: _____
 ADDRESS: _____
 ADDRESS 2: _____
 CITY, ST., ZIP: _____
 PHONE: _____
 LOCATION: _____
 BUSINESS _____
 BUSINESS DESC: _____
 RESP. PERSON: _____
 ACCOUNTANT _____
 BONDING _____
 BOND NUMBER: _____
 OTHER LICENSE _____

TAX ID _____
 OWNERSHIP TYPE: _____
(Corp., Individual, Partnership, Etc.)

E-VERIFY ID: _____

OFFICE USE ONLY:
 CODE: _____
 RESIDENT: _____
 RENEW: _____ FAL: _____

CALCULATION OF LICENSE FEE:

| | | |
|-------------------------|---------------------------|--------------------|
| GROSS RECEIPTS \$ _____ | (See rate schedule below) | <u>LICENSE FEE</u> |
| | Late Payment Penalty | _____ |
| | Total Payment | ===== |

EMAIL/ WEB ADDRESS: _____

5% PENALTY PER MONTH LICENSE DELINQUENT

Signature
Title
Date

Calculation of license fee based on rate schedule

| | <u>RATE</u> | <u>TOTAL FEE</u> |
|--|-------------|------------------|
| For Gross Receipts not exceeding \$0 | \$0.000000 | _____ |
| On each additional \$0 or fraction thereof between \$0 and \$0 | \$0.000000 | _____ |

PLEASE NOTE:

If you have any questions or need help calculating your license amount, please call The City Clerk at (864)457-3000.