

# Standardized Business License Application



BL # \_\_\_\_\_

## TOWN OF LYMAN

81 Groce Road, Lyman, SC 29365

864.439.3453 FAX

864.439.9050 MAIN LINE

864.485.0366 BUSINESS LICENSE OFFICE

### Business Information - **COMPLETE CORRESPONDING SECTIONS ONLY**

Corporate name:		
Name shown to public:		Open date:
Organization type: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> Corporation <i>Articles of Organization or Incorporation may be required.</i>		
Business activity/type:	NAICS/SIC/Other code:	
Federal ID/SSN #:	State retail sales #:	
Mailing address:		
Physical address: <input type="checkbox"/> Inside jurisdiction, Tax parcel #: _____ <input type="checkbox"/> Outside jurisdiction		
Contact name, title:		
Contact phone:	Ext.	Alternate phone:
Fax:		Email:

### Owner or Principal(s) Information

Owner or Principal(s) name(s), title(s):		SSN #:
		SSN #:
Driver's license #:	State:	Expiration date:
Other license #:	Type:	Expiration date:
Mailing address:		
Work phone:	Ext.	Cell phone:
Fax:		Email:

### Job/Project Information

Project start date:	Estimated end date:	
Project location:	Tax parcel #:	
Project type: <input type="checkbox"/> New construction <input type="checkbox"/> Renovation <input type="checkbox"/> Other _____		
General contractor name:		
State contractor license #:	State:	Expiration date:
<i>Copy may be required</i>		
Master/specialty license #:		
Job contact name:	Phone:	

**Total gross revenues or contract amount: \$ \_\_\_\_\_**

Contact Town of Lyman's business licensing office with questions regarding this form.

*Application produced by the South Carolina Business Licensing Officials Association.*

*The SC Business Licensing Officials Association is an affiliate of the Municipal Association of SC.*

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## Other Information

<input type="checkbox"/> Yes <input type="checkbox"/> No	Buying an existing business? <i>If yes, purchased business' name:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Business leasing space to another business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Mail business license renewals to mailing address listed in the business information section on the previous page? <i>If not, corporate address:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Change of use to building?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Erecting a new sign?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Home occupation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Independent contractors (Form 1099)? <i>If yes, names:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Leasing property? <i>If yes, landlord name and address:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Restrictive covenants? If yes, provide copy.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you sell food or beverages that are prepared and/or consumed on your premises?

## Applicant Certification

1. I hereby certify that all information provided is true and correct to the best of my knowledge and that the gross revenue is accurately reported or estimated for a new business without any unauthorized deduction.
2. I certify that assessments, delinquencies and personal property taxes due to the jurisdiction are fully paid.
3. I understand that providing false or fraudulent information may result in penalties, business license revocation and/or prosecution to the fullest extent possible.
4. I am aware of and understand the jurisdiction's requirements and codes, and the issuance of a business license is contingent upon strict and consistent compliance with all of the jurisdiction's requirements.
5. I understand that failure to comply with these requirements may result in business license revocation as well as other compliance or legal efforts.
6. I also understand and authorize the jurisdiction and its agents to utilize all information on this application to ensure that all other federal, state and local laws are complied with.

Applicant printed name:

Signature:

Title:

Date:

### For Office Use Only

Approved by all necessary departments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments:		
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Business license #:	Rate class/NAICS Code:	
Rate Base rate: \$	Excess rate per \$1,000 after the first \$2,000: \$	
Amount due Fee: \$	Penalties: \$	Total: \$
Receipt Amount paid: \$	Date paid:	Payment Type:
Completed by:	Signature:	Date: