

New businesses must obtain a business license prior to beginning operations.

Business licenses expire on June 30 each year. Renewals must be paid in full on or before June 30 to avoid penalties.



FOR OFFICE USE

ACCT # _____
RATE CLASS _____
SIC _____
NAICS _____

BUSINESS LICENSE APPLICATION

1. Business name _____

2. Owner, partner or corporation name _____

3. Physical location of business _____
(Street) (City) (State) (Zip Code)

4. Mailing address (if different) _____
(Street/Post Office Box) (City) (State) (Zip Code)

5. Location of records _____

6. Federal ID number _____

7. Sales tax number _____

8. Business Phone _____

9. Home Phone _____

10. Cell Phone _____

11. Fax Number _____

12. Email address _____

13. Type of Ownership.
____ Sole Proprietor ____ Corporation
____ Partnership ____ Other

14. Type of Business (check all applicable)
____ Retail ____ Coin Machine ____ Service
____ Wholesale ____ Admissions ____ Insurance
____ Contractor ____ Hospitality ____ Other
____ Accommodations

15. Main Business (IE: Retail: Furniture Sales) _____

16. Business Owner, Partners or Officers. (Continue on back if necessary).

Name: _____ Address _____ % Ownership _____

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17. Did you buy this existing business ____ Yes ____ No

Name of previous owner _____ Present address _____

18. Estimated gross receipts through next June 30 (Contract amount if contractor) _____

19. Fee calculation: Minimum of \$ _____ for first \$ _____ plus \$ _____ for each additional \$1000.00.

20. Total fee due: \$ _____ Form of payment ____ Cash ____ Check ____ Visa ____ MasterCard

21. Is your business within the city limits of Conway? ____ Yes ____ No

- I understand that City ordinance provides for penalties and license revocation for making false or fraudulent statements in this application.
- I understand that all applications for Business Licenses are subject to applicable City codes and ordinances.
- I certify that all information on this application including any attachments is true and correct to the best of my knowledge.

Signature

Title

Date

Completed applications may be mailed to: City of Conway – P.O. Box 1075 – Conway, SC 29528-1075 – faxed to 843-248-1718 or delivered in person to our office at 1000 Second Avenue, Conway, SC. If you have questions, please call us at 843-488-7631.