

City of Hartsville
PO Drawer 2497, Hartsville, SC 29551
(843) 383-3015 Fax (843) 383-3040



For Office Use	
SIC Code	_____
Class	_____
In Town	(yes) (no)
Parking Zone	(yes) (no)
Hosp/Acc Tax	(yes) (no)
Chg of Use	(yes) (no)
Customer ID #	
Fee \$	

Business License Application
(All applicable items on this application must be completed before a License will be issued.)

Business Licenses expire on December 31st each year.
Renewals must be paid in full on or before January 31st to avoid penalties.

Gross Income \$ _____

Location of Job: _____

Business Name _____

Trade Name (Doing Business As) _____

Mailing Address (office) _____

Physical Location (if different from mailing) _____

Business Telephone _____ Fax _____

Type of Ownership Sole Proprietor Partnership Corporation Other _____

Owner of Business _____

Telephone # _____ Mobile # _____

Email Address _____

(Owner's) Driver's License # _____ (Owner's) Date of Birth _____ (Owner's) Social Security # _____

Federal ID # _____ South Carolina ID # _____

Emergency Contact (Name) _____ Telephone # _____

Mobile # _____ Email Address _____

Type of Business (Check all that are applicable)
 Retail Restaurant Wholesale Services
 Contractor Manufacturing Landscaping Insurance
 Other _____

Contractor License # _____ Type Specialty General Residential

Type of work to be done: _____

Number of Beauty/Barber Chairs _____ Owner of Chairs _____

Number of Amusement Machines _____ Owner of Machines _____

* I understand that all applications for Business Licenses are subject to applicable City Codes and Ordinances.
* I understand that all information on this application, including any attachments, is true and correct to the best of my knowledge.

Applicant's Signature _____ Date _____

Approved by _____ Date _____

City of Hartsville Representative