

Town of Lamar
PO Box. 267, Lamar, SC 29069
(843) 326-5551 Fax (843) 326-5280



Business License Application

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

Customer ID #
Fee \$

Business License expire April 30th each year. Renewals must be paid in full on or before May 31st to avoid penalties.

Gross Income: _____

Location of Job: _____

Business Information

Business Name: _____
Trade Name (Doing Business As): _____
Mailing Address (Office): _____
Physical Location (if different from mailing): _____
Business Telephone: _____
Type of Ownership Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____

Business Owners Information

Owner of Business: _____
Telephone # _____ Mobile # _____
Email Address: _____
Driver's License #: _____ Date of Birth: _____ 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: _____ Owners of Chairs: _____

I understand that all applications for Business Licenses are subject to applicable Town 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:** _____

Town of Lamar Representative