

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 30<sup>th</sup> each year. Renewals must be paid in full on or before May 1<sup>st</sup> 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**