

**APPLICATION FOR BUSINESS LICENSE
CITY OF LAURENS, SC**

BUSINESS NAME _____
TYPE OF BUSINESS _____
BUSINESS LOCATION _____
MAILING ADDRESS _____
CITY/STATE/ZIP _____
PHONE NUMBER _____
OWNER OF BUSINESS _____
MANAGER _____
OWNER OF BUILDING _____
MAP NUMBER OF BUILDING _____
SC TAX COMM. NO. _____
SC RESIDENTIAL BUILDERS LIC. NO. _____
NO. GREEN CARTS REQUIRED _____
NO. PICKUPS PER WEEK _____

EMERGENCY CONTACT

CONTACT #1

NAME _____
PHYSICAL ADDRESS _____
PHONE _____

CONTACT #2

NAME _____
PHYSICAL ADDRESS _____
PHONE _____

Instructions - read carefully

The figure is the basis for calculation of the applicant's city license, and must not be less than the figure given on the applicant's last income return as Gross receipts from business or profession on the State and federal income tax returns of the applicant. An intentional false statement in this application constitutes perjury. If mailing license fee, remit to City of Laurens; 126 East Public Square; Laurens, SC 29360.

I certify that the gross receipts for last calendar year was \$ _____

APPLICANT

DATE

TITLE