APPLICATION FOR BUSINESS LICENSE FOR 2016-2017
FOR ANY BUSINESS

CITY OF PICKENS
PO BOX 217
PICKENS, SC 29671
www.cityofpickens.com
Phone: 864-878-6421 — Fax: 864-878-0450

City of Pickens fiscal year
May 1, 2016 - April 30, 2017

Business Information

Name of Business: _____

Your Name: _____

Doing Business As: _____

LOCATION of business: _____

Mailing Address: _____

_____

City,ST,Zip: _____

Phone: _____

FAX: _____

Tax ID #: _____

Ownership Type: _____

Responsible Person: _____

NAICS Classification *(if you know it)* : _____

Business Description: _____

Other License #: _____
(such as Gen.Contr., Electrician, Cosmet., etc.)

Emergency Contact Person

Name, Address,
Phone, and Cell Phone:

_____

_____

_____

_____

_____

(Corporation, Doing Business As, Individual, Sole Proprietor, Partnership, Limited Liability Company)

OFFICE USE ONLY

Code:

Resident:

Renew: FAL:

	$	**Gross Receipts**
-	$	Subtract gross on which license fee was paid to another city or county
=	$	Gross for City of Pickens

*** GROSS RECEIPTS:** see instructions at www.cityofpickens.com/bl

I hereby certify that the gross receipts reported above is true and correct, subject to penalties in the City of Pickens Business License Ordinance 2010-02.

Business License Fee **$** _____

Signature _____ Title _____ Date _____

For **Rate Schedule** and for help calculating the **Business License Fee**
Call **Pickens City Hall** and ask for **Business License Official**
The rates are also available online at www.cityofpickens.com/bl.