APPLICATION FOR BUSINESS LICENSE
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 - April 30

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, as reported to IRS for current tax year**

\- $ _____ Subtract gross on which license fee was paid to another city or county

= $ _____ Gross for City of Pickens

*** GROSS RECEIPTS:** For a business located ***within Pickens city limits*** , Gross Recepts means total income, received or accrued, for one calendar year, collected or to be collected, from business done within the City of Pickens, except income from business done wholly outside of the City of Pickens on which a license tax is paid to some other city or county. For a business ***not located within Pickens city limits.*** Gross Receipts means total income, received or accrued, for one calendar year, collected or to be collected, from business done within the City of Pickens. received or accrued, for one calendar year, collected or to be collected, from business done within the City of with the Internal Revenue Service (IRS), the SC Dept. of Revenue, the SC Insurance Commission, or other agency.

I hereby certify that the gross revenue 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 on page 9 of the Ordinance.