

**APPLICATION FOR BUSINESS LICENSE
CONTRACTORS**



**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

CONTRACTOR'S BUSINESS LICENSE
EFFECTIVE UNTIL END OF THIS JOB.
UPDATE LICENSE FOR EACH JOB.
PAY MINIMUM ONLY ONCE PER YEAR.

Business or Independent Contractor Information

Emergency Contact Person

Name of Business: _____

Your Name: _____

Doing Business As: _____

Mailing Address: _____

City,ST,Zip: _____

Phone: _____

FAX: _____

Tax ID #: _____

Ownership Type: _____

Responsible Person: _____

Location of this job: _____

NAICS Classification (if you know it): _____

Business Description: _____

Other License #: _____

Name, Address,
Phone, and Cell Phone:

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

OFFICE USE ONLY

Code: _____

Resident: _____

Renew: _____ FAL: _____

\$ _____ **Amount of contract for this job**

**How many hangtags do you
need for your vehicles? _____**
(hangtags are free)

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.

Signature Title Date

<u>Calculation of license fee based on rate schedule 8.1A</u>	<u>Rate</u>	<u>Fee</u>
For GROSS RECEIPTS not exceeding \$2,000	\$70.00	\$70.00
On each additional \$1,000 or fraction thereof between \$2,000 and \$1,000,000	X 2.30	_____
TOTAL FEE		=====