

CITY OF UNION  
101 SHARPE AVE  
PO BOX 987  
UNION, SC 29379  
Phone: (864) 429-1720 Fax: (864) 429-1686

# APPLICATION FOR BUSINESS LICENSE

Application Date: \_\_\_\_\_

License Year: \_\_\_\_\_

## Business Contact Information

BUSINESS NAME

PHYSICAL LOCATION

MAILING ADDRESS

CITY

STATE/ZIP

PHONE

TAX ID NUMBER

EVERIFY NUMBER

RESPONSIBLE PERSON

EMAIL

## Emergency Contact

NAME

PHONE

MOBILE

ADDRESS

CITY

STATE

ZIP

## Business Information

NAICS CODE

OTHER LICENSE

BUSINESS DESCRIPTION

OWNERSHIP TYPE (Corp, Individual, Partnership, etc.)

ACCOUNTANT

BONDING COMPANY

BOND NUMBER

OFFICE USE ONLY

CODE

RESIDENT

RENEW

FAL

## Calculation of License Fee

Gross Receipts \_\_\_\_\_

License Fee \_\_\_\_\_

GROSS RECEIPTS ARE ROUNDED UP TO THE NEAREST \$1,000

Late Payment Penalty \_\_\_\_\_

TOTAL PAYMENT \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date