



## APPLICATION FOR 2020 BUSINESS LICENSE FOR CONTRACTORS

Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Owner or Representative: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Federal Employer's ID Number: \_\_\_\_\_

911 Business Address: \_\_\_\_\_

Mailing address if different than above: \_\_\_\_\_

Cost of Job (including cost of all contracted labor) \_\_\_\_\_

List all Sub-Contractors:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address of work site \_\_\_\_\_

\$50.00 for the first \$5,000 then \$1.00 per thousand thereafter

I affirm that the above information is correct: \_\_\_\_\_

Signature of Applicant

Zoning Administrator Approval \_\_\_\_\_

Signature

### **TO BE COMPLETED BY TOWN CLERK OF SIX MILE**

Fee: \_\_\_\_\_

Date paid: \_\_\_\_\_

Receipt number: \_\_\_\_\_

License number: \_\_\_\_\_

**TOWN OF SIX MILE  
PO BOX 429  
SIX MILE, SC 29682**