



APPLICATION FOR 2020 BUSINESS LICENSE

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:

Gross receipts for the year 2019:

(Does not pertain to new businesses)

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

I affirm that the above information is correct:

Signature of Applicant

Fire Marshall Approval _____
(New business only) Signature

Zoning Administrator Approval _____
(New business only) Signature

TO BE COMPLETED BY TOWN CLERK OF SIX MILE

Fee:

Date paid:

Receipt number:

License number:

Note* If you pay by mail, the application must be completed and mailed with payment. If you pay at Town Hall, you must bring the completed form with you.

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