

New businesses must obtain a business license prior to beginning operations.  
 Business licenses expire on June 30 each year. Renewals must be paid in full on or before June 30 to avoid penalties.



**FOR OFFICE USE**  
 ACCT # \_\_\_\_\_  
 RATE CLASS \_\_\_\_\_  
 NAICS \_\_\_\_\_

**BUSINESS LICENSE APPLICATION**

1. Business name \_\_\_\_\_
2. Owner, partner or corporation name \_\_\_\_\_
3. Physical location of business \_\_\_\_\_  
(Street) (City) (State) (Zip Code)
4. Mailing address (if different) \_\_\_\_\_  
(Street/Post Office Box) (City) (State) (Zip Code)
5. Location of records \_\_\_\_\_
6. Federal ID number \_\_\_\_\_
7. Sales tax number \_\_\_\_\_
8. Business Phone \_\_\_\_\_
9. Home Phone \_\_\_\_\_
10. Cell Phone \_\_\_\_\_
11. Fax Number \_\_\_\_\_
12. Email address \_\_\_\_\_
13. Type of Ownership.  
 Sole Proprietor     Corporation  
 Partnership     Other  
 \_\_\_\_\_  
 \_\_\_\_\_
14. Type of Business (check all applicable)  
 Retail     Coin Machine     Service  
 Wholesale     Admissions     Insurance  
 Contractor     Hospitality     Other  
 Accommodations
15. Main Business (IE: Retail: Furniture Sales) \_\_\_\_\_
16. Business Owner, Partners or Officers. (Continue on back if necessary).  
 Name: \_\_\_\_\_ Address \_\_\_\_\_ % Ownership \_\_\_\_\_  
 Name: \_\_\_\_\_ Address \_\_\_\_\_ % Ownership \_\_\_\_\_
17. Did you buy this existing business  Yes  No  
 Name of previous owner \_\_\_\_\_ Present address \_\_\_\_\_
18. Estimated gross receipts through next June 30 (Contract amount if contractor) \_\_\_\_\_
19. Fee calculation: Minimum of \$ \_\_\_\_\_ for first \$ \_\_\_\_\_ plus \$ \_\_\_\_\_ for each additional \$1000.00.
20. Total fee due: \$ \_\_\_\_\_ Form of payment  Cash  Check  Visa  MasterCard
21. Is your business within the city limits of Conway?  Yes  No

- I understand that City ordinance provides for penalties and license revocation for making false or fraudulent statements in this application.
- I understand that all applications for Business Licenses are subject to applicable City codes and ordinances.
- I certify that all information on this application including any attachments is true and correct to the best of my knowledge.

\_\_\_\_\_  
 Signature Title Date

Email completed applications to [businesslicense@cityofconway.com](mailto:businesslicense@cityofconway.com), mail to City of Conway – P.O. Box 1075 – Conway, SC 29528-1075 or deliver in person to our office at 1000 Second Avenue, Conway, SC. If you have questions, please call us at 843-488-7631.