New businesses must obtain a Business License prior to beginning operations.

Business Licenses expire June 30th each year. Renewals must be paid in full on or before June 30th to avoid penalties.

CITY OF CONWAY
BUSINESS LICENSE APPLICATION
P. O. Box 1075
Conway, SC 29528-1075
FOR THE YEAR BEGINNING JULY 1, 20____

FOR OFFICE USE
ACCT # _____
RATE CLASS _____
SIC _____
NAICS _____
LICENSE # _____

1.	OWNER, PARTNER, OR CORPORATION NAME (LEGAL NAME)	2.	TRADE NAME (DOING BUSINESS AS)
3.	PHYSICAL LOCATION OF BUSINESS	4.	LOCATION OF RECORDS
5.	MAILING ADDRESS (IF DIFFERENT)	6.	FEDERAL IDENTIFICATION NUMBER
7.	EMAIL ADDRESS	8.	SALES TAX NUMBER
9.	BUSINESS PHONE NUMBER / HOME PHONE NUMBER FAX NUMBER / CELL PHONE NUMBER	10.	TYPE OF BUSINESS (CHECK ALL APPLICABLE) ☐ RETAIL ☐ ACCOMODATIONS ☐ SERVICE ☐ WHOLESALE ☐ ADMISSIONS ☐ INSURANCE ☐ CONTRACTOR ☐ HOSPITALITY ☐ OTHER ☐ COIN MACHINE _____
11.	TYPE OF OWNERSHIP (RECOGNIZED BY IRS) _____Sole Proprietor _____Corporation _____Partnership _____Other _____	12.	MAIN BUSINESS (IE: RETAIL:FURNITURE SALES

13. BUSINESS OWNER, PARTNERS OR OFFICERS. (CONTINUE ON BACK IF NECESSARY)

NAME/TITLE	SOCIAL SECURITY NUMBER	HOME ADDRESS	% OWNERSHIP

14. DID YOU BUY THIS EXISTING BUSINESS? Yes ☐ No ☐

NAME OF PREVIOUS OWNER_____ PRESENT ADDRESS_____

15. EXPECTED GROSS RECEIPTS THROUGH JUNE 30.	FEE CALCULATION
$	

16. WHAT MONTH DO YOU CLOSE YOU BOOKS FOR INCOME TAX PURPOSES?	IS YOUR BUSINESS WITHIN MUNICIPAL LIMITS?	IS YOUR BUSINESS SEASONAL?
	Yes ☐ No ☐	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 OF OWNER, AUTHORIZED PARTNER OR CORPORATE REPRESENTATIVE | TITLE | DATE

Completed applications may be mailed to: City of Conway - P. O. Box 1075 - Conway, SC 29528-1075 - faxed to 843-248-1718 or delivered in person to our office at 1000 Second Avenue, Conway, SC. If you have questions, please call us at 843-248-1781.