

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 \_\_\_\_\_  
SIC \_\_\_\_\_  
NAICS \_\_\_\_\_  
LICENSE # \_\_\_\_\_

**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

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 843-488-7631.