

Date _____

BUSINESS LICENSE APPLICATION

License #: _____



License ID #: _____

CITY OF NORTH AUGUSTA
P. O. BOX 6400
NORTH AUGUSTA, SC 29861-6400

Application for License to Engage in Business or Profession
within the corporate limits of the CITY OF NORTH
AUGUSTA for this calendar year.

BUSINESS NAME AND MAILING ADDRESS

Type of Business

- Individual Corporation
- Partnership LLC

Physical Address:
(if different from above)

**EMERGENCY CONTACT
NAME & CELL PHONE #**

Owner's Name:

Number of Locations:

Phone #:

Fax #:

Email address:

Federal ID or SS #:

↓↓↓↓ OFFICE USE ONLY ↓↓↓↓	
Classification:	_____
Code:	8.1
Fal:	_____
Resident:	_____
Renew:	_____

ON GROSS RECEIPTS NOT EXCEEDING \$2,000 ----- MINIMUM FEE \$50.00
ON EACH ADDITIONAL \$1,000 OR FRACTION THEREOF OVER \$2,000 ----- \$ 2.20

CONTRACT AMOUNT FOR THIS JOB \$ _____

Project name or description: _____

SUB-CONTRACTORS SHALL BE ISSUED A BUSINESS LICENSE ON THE SAME BASIS AS THE PRIME OR GENERAL CONTRACTOR AND NO DEDUCTIONS SHALL BE MADE BY THE PRIME OR GENERAL CONTRACTOR FOR THE VALUE OF WORK PERFORMED BY A SUB-CONTRACTOR. THE PRIME CONTRACTOR SHALL PROVIDE A LIST OF SUB-CONTRACTORS TO THE CITY.

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SOUTH CAROLINA STATE CONTRACTOR LICENSE NUMBER _____

This is to certify that the above is a true statement of the business transacted at or through the above location(s) for the previous calendar year ending December 31st or the last completed Fiscal year, and that the report corresponds with the records of the Business and with the report of same filed or to be filed, for the corresponding period with the S. C. Tax Commission or Insurance Commissioner. I also certify that all property taxes applicable to this business are current and will remain current. I understand that the City Ordinance provides for penalties and license revocation for making false or fraudulent statements in the application and that an authorized agent of the City may examine and audit the books and records of the applicant.

Signature

Approved by	Date Issued	Fee	+	Penalty	=	Total Paid
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