



**TOWN OF LYMAN
BUSINESS LICENSE APPLICATION**

(864) 439-3453 fax (864) 439-9050
81 Groce Road, Lyman, SC 29365

All Business Licenses expire December 31st of each year and must be renewed by April 15th of the next year.

_____ New Business _____ Ownership and/or Location Change

Name Business: _____

Mailing Address: _____

Location of work: _____

Telephone number: Business (_____) _____ or (_____) _____

Please provide THREE (3) after hours emergency contact phone numbers: _____

Federal Tax ID No.: _____ Social Security No. _____

Type of Ownership: _____ Sole Proprietor _____ Partnership _____ Corporation _____ Other

Name of Owner: _____ Telephone No. () _____

SC State Sales Tax No.: _____

Type of Business or Profession – Describe in detail products sold or services provided:

COMPUTATION OF BUSINESS LICENSE FEE

Estimated total gross sales or revenue till December 31st \$ _____

Classification: _____ Class: _____ Base Rate Fee \$ _____

EXCESS over \$2,000 _____ /1000 X Rate: _____ = _____ Excess License Fee \$ _____

Total Business License Fees Due \$ _____

I UNDERSTAND THAT ISSUANCE OF A TOWN BUSINESS LICENSE DOES NOT RELIEVE ME OF THE RESPONSIBILITY OF MEETING ALL THE TOWN OF LYMAN'S ZONING RESTRICTIONS, AS WELL AS THE PROVISIONS OF THE TOWN OF LYMAN'S BUSINESS LICENSE ORDINANCE.

I CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION IS TRUE AND CORRECT.

APPLICANT: _____ TITLE: _____ DATE: _____

Town of Lyman received by: _____ DATE: _____

_____ Cash _____ Check Number

LICENSE ISSUED BY _____ DATE: _____