



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.\*\*\*

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. \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

State contractor's License No. \_\_\_\_\_

Project Details:
\_\_\_\_\_
\_\_\_\_\_

COMPUTATION OF BUSINESS LICENSE FEE

Estimated Total of Project \$ \_\_\_\_\_

Classification: CONTRACTOR Class: 8 Base Rate Fee \$ \_\_\_\_\_

EXCESS over \$2,000 \_\_\_\_\_ /1000 X \$ \_\_\_\_\_ = \_\_\_\_\_ 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: \_\_\_\_\_