



# BUSINESS LICENSE APPLICATION

BUSINESS AND DEVELOPMENT SERVICES  
P.O. BOX 249 – 5 EAST BUTLER ROAD  
MAULDIN \* SOUTH CAROLINA 29662  
(864)404-3293

[WWW.CITYOFMAULDIN.ORG](http://WWW.CITYOFMAULDIN.ORG)

- This application is for New Business, Ownership Change and Location Change. Please contact the Business and Development Services Department for renewals.
- New businesses must obtain a Business License and Tenant Occupancy prior to beginning operation.
- All business licenses expire on December 31<sup>st</sup>.

Application Submittal Date:	OFFICE USE: BL #: _____
Business Start Date:	APPROVED BY: _____
Application For: <input type="checkbox"/> Business (physical location within the city) <input type="checkbox"/> Business (physical location outside the city limits) <input type="checkbox"/> Ownership Change <input type="checkbox"/> Location Change <input type="checkbox"/> Home-Based Business Non-Resident Contractor needs to complete the Contractor application.	

<b>BUSINESS INFORMATION</b>		North American Industry Classification System (NAICS) Code per <a href="http://www.census.gov/naics">www.census.gov/naics</a>		
Corporate Business Name:		DBA (Name as shown to public):		
Mailing Address:	Suite #:	City:	State:	Zip:
In-City Physical Business / Job Location/ (Per Greenville County GIS):		Suite #:	City: <input type="checkbox"/> Mauldin <input type="checkbox"/> Greenville	
Business Phone #:		Business Email:		
Organization Type (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership		FEIN or S.S. Number:		
Business Owner:		Owner Email:		Owner Phone:
Business License Contact (If different then owner) :	Title with the Company:	Email:	Phone:	
Detailed Business Description of all business activity that will be performed at the physical address:				
Does this business have any coin-operated machines? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, # of machines				
Does this business have any pool tables? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, # of tables				
Estimated Total Gross Income (From open date to December 31): \$				

<b>PROPERTY OWNER INFORMATION</b>			
Property Owner:		Business Phone:	
Contact Name:	Title:	Email:	Phone:
Is the property owner affiliated with the business? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, how?			

<b>Tenant Occupancy Permit Information</b>	<input type="checkbox"/> Building <input type="checkbox"/> Zoning <input type="checkbox"/> Fire <b>Permit #</b>
<b>Property Description:</b> <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rental /Lease <input type="checkbox"/> Sale	<b>Change of Use:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has site been vacant for 180 days or more?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>What was the Previous Use / Tenant?</b>
<b>ARE MODIFICATIONS BEING MADE TO THE STRUCTURE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, a Separate Building Permit is Required.</b>	

I certify that the information provided in this application and the amount provided as gross income from the business is true and correct, and that I have made no deductions except income on which I have paid a business license fee to another municipality or county, for which I have proof of payment. I am familiar with the penalty provisions of the ordinance and the grounds for revocation of the license, including making false or fraudulent statements in this application. I certify that all business personal property taxes due to the City of Mauldin have been paid, and that the above business name is the same on the documents filed with the state and federal governments. I understand that my business income tax returns and other documents will be inspected to verify gross income or other business data.

Applicant:	Signature:	Title:	Date:
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<b>Office Use Only:</b>		Zoning:
Application Submittal Date:	Business License Fee: \$ _____	<input type="checkbox"/> APPROVED
Issued Date:	Coin Operated Machines _____ x \$12.50 = \$ _____	<input type="checkbox"/> DENIED
Facilitator Initials:	Pool Tables _____ X \$5.00 = \$ _____	Date: _____
	Total Fee Due \$ _____	Initials: _____