



General Business License

Application for Business License
 BUSINESS AND DEVELOPMENT SERVICES
 5 EAST BUTLER ROAD
 MAULDIN • SOUTH CAROLINA 29662
 WWW.CITYOFMAULDIN.ORG • (864) 234-3475

APPLICATION DATE:		SELECT ONE: <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> LANDSCAPE <input type="checkbox"/> OTHER		
BUSINESS INFORMATION		TAX PARCEL ID #: <input type="checkbox"/> Inside Jurisdiction <input type="checkbox"/> Outside Jurisdiction		
Corporate Name:				
DBA / Name Shown to Public:				
Select Organization Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <small>Articles of Organization or Incorporation may be required.</small>				
CONTACT NAME, TITLE:				
Physical Business Address:		Suite/Unit #:	City:	State: Zip:
Contact Phone: () -	Alternate Phone: () -		Email:	
Mailing Address		City:	State:	Zip:
Business activity / Use Type:		NAISC CODE:		
Federal ID:		SC Dept. Of Labor – LLR License #		
Describe in detail your business activity:				
PROVIDE ESTIMATED GROSS INCOME: \$				

Complete if Sole Proprietorship			
Owner or Principal(s) name(s) title(s):			SSN#: <small>Needed only if business operates as a sole proprietorship.</small>
Drivers License #:	State:	Expiration Date:	
Mailing Address:	City:	State:	Zip:
Business Phone Number: ()	Mobile Phone Number: () -	Owner Email:	

SUBCONTRACTOR CONSTRUCTION JOBSITE INFORMATION	Existing Permit # :	Contract Amount:
Property location:	Type of work performed:	

PLEASE REVIEW BOTH SIDES OF THIS APPLICATION.

Other Information

<input type="checkbox"/> Yes <input type="checkbox"/> No	Do we mail annual Business License Renewal notices to the mailing addressed listed in the Business Information section on the previous page? If not provide corporate address:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an existing business with no prior license?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you erecting a new sign? If yes, a Sign permit application and review is required.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a Home Occupation? If yes, a Home Occupation form must be completed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any independent agents or contractors or 1099 employees working for you? If yes, provide names:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this business serve alcohol? If yes, provide copy of State Alcohol License.

I UNDERSTAND THAT ISSUANCE OF A CITY BUSINESS LICENSE DOES NOT RELIEVE ME OF THE RESPONSIBILITY OF MEETING ALL CITY OF MAULDIN ZONING AND BUILDING CODE REQUIREMENTS, AND THAT I AM SUBJECT TO ALL PROVISIONS OF THE BUSINESS LICENSE ORDINANCE OF THE CITY OF MAULDIN.
I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE, THAT THE REAL ESTATE TAXES DUE AND PAYABLE TO THE CITY OF MAULDIN HAVE BEEN PAID.
I ALSO FURTHER CERTIFY, UNDER PENALTY OF PERJURY, THAT I HAVE OBTAINED ALL CERTIFICATIONS, LICENSES, PERMITS, OR OTHER REQUIRED DOCUMENTATION IN ORDER TO CONDUCT THIS BUSINESS, OR LICENSED PROFESSION, WITHIN THE MAULDIN CITY LIMITS.

 PRINT NAME

 OWNER OR AUTHORIZED REPRESENTATIVE

 DATE