



NONRESIDENT CONTRACTOR 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

BUSINESS INFORMATION		North American Industry Classification System (NAICS) Code per www.census.gov/naics			
Corporate Business Name:		DBA (Name as shown to public):			
Mailing Address:		Suite #:	City:	State:	Zip:
Business Phone #:		FEIN or S.S. Number:			
Business Owner:		Owner Email:		Owner Phone:	
Business License Contact (If different then owner) :		Title with the Company:	Email:		Phone:
Organization Type (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor			Sole Proprietor (must complete) DL #: State: Expiration:		

PROJECT INFORMATION					
Project Start Date:		State License #:		Expiration Date:	
Project Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Renovation <input type="checkbox"/> Addition <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Other _____					
Project Location:					
Contract Total: \$					
Description of all business activity that the business will perform at the physical address:					

PROPERTY OWNER INFORMATION			
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?			
<p>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.</p>			
Applicant:	Signature:	Title:	Date: