



City of Anderson  
601 S. Main St.  
Anderson, SC 29624  
Phone #: (864) 231-2213  
Fax #: (864) 222-6683

BUSINESS LICENSE  
APPLICATION FOR  
LICENSE YEAR

**FOR OFFICE USE ONLY:**  
  
Account #: \_\_\_\_\_  
  
Date: \_\_\_\_\_ Clerk: \_\_\_\_\_  
  
Payment Type: \_\_\_\_\_ Amt: \_\_\_\_\_

**AVOID PENALTY!!**

**PURCHASE LICENSE PRIOR TO STARTING YOUR JOB WITHIN  
THE CITY LIMITS OF ANDERSON, SOUTH CAROLINA**

**IF YOU HAVE HAD A LICENSE WITH US BEFORE, PLEASE  
CONTACT OUR OFFICE FOR A COPY OF YOUR APPLICATION**

**COMPLETE ALL HIGHLIGHTED AREAS (If Applicable)**

BUSINESS NAME/ADDRESS

Business Name: \_\_\_\_\_  
(as appears on vehicles or sign)  
Corporate Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Location: \_\_\_\_\_  
Business Description: \_\_\_\_\_  
NAICS # \_\_\_\_\_ Rate Class: \_\_\_\_\_  
E-mail (if applicable): \_\_\_\_\_

BUSINESS INFORMATION

Business Owner: \_\_\_\_\_  
Partner / Contact Person: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Federal ID or SS#: \_\_\_\_\_  
S.C. Sales Tax # \_\_\_\_\_  
Contractor Master or Specialty #: \_\_\_\_\_

**BUSINESS LICENSE FEE: PLEASE CONTACT OFFICE FOR COMPUTATION.**

ON GROSS RECEIPTS NOT EXCEEDING \$ 2,000 = \$ \_\_\_\_\_

ON EACH ADDITIONAL \$1,000 OR FRACTION THEREOF OF \$ \_\_\_\_\_ + \$ \_\_\_\_\_

**CONTRACTORS ONLY:** PENALTY+ \$ \_\_\_\_\_

**CURRENT JOB SITE** \_\_\_\_\_ SOLID WASTE / HOME OCCUPANCY + \$ \_\_\_\_\_

**TOTAL JOB COST** \$ \_\_\_\_\_ TOTAL DUE \$ \_\_\_\_\_

WE ACCEPT MASTER CARD, VISA & DISCOVER:

ACCT #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ V-CODE: \_\_\_\_\_

WE ALSO ACCEPT: CASH, CHECK AND MONEY ORDERS

I (we) do hereby certify that the amount listed total job cost is true and correct.

**PLEASE MAIL OR FAX THIS APPLICATION AS OUR E-MAIL SYSTEM IS NOT ENCRYPTED**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)