

**COUNTY OF SUMTER
BUSINESS LICENSE DEPARTMENT**

Mailing Address: P.O. Box 1449 Sumter, SC 29151
Physical Location: 12 W. Liberty St., Sumter, SC 29150
Phone: (803) 774-1601 **Fax:** (803) 774-1688
Email: businesslicense@sumtersc.gov



THE PRE-APPLICATION FOR PEDDLERS BUSINESS LICENSE AND/OR IDENTIFICATION BADGE MUST BE COMPLETED BEFORE THIS APPLICATION IS COMPLETED. **THERE IS A \$50.00 NON-REFUNDABLE ID BADGE FEE.** CHECKS CAN BE MADE PAYABLE TO THE CITY OF SUMTER, AND A 3.4% + \$0.30 SURCHARGE APPLIES FOR ALL CREDIT CARD TRANSACTIONS.

APPLICATION FOR PROFESSIONAL LICENSE – PEDDLERS

NAICS CODE/ACCOUNT NUMBER: 5963-8M / PEDDLER

Have you ever had/ Do you currently have a business license with the City and/or County of Sumter? Yes No
If yes, please list the name(s) of the business(es):

Mailing Information:

Mailing Name: _____

Mailing Address (street, city, state, zip code):

Business Information:

Legal Name of Business (As it will appear on your Federal and SC State Tax Returns):

Doing business as (DBA):

*** Note: The Business License Department does not register DBA's ***

Physical Address of Business (street, city, state, zip code):

Federal Tax ID or Social Security Number (One is required):

Applicant Information:

Name: _____ **Cell #:** _____

Work #: _____ **Home #:** _____

Email address: _____

State license #: _____

Owner/Principal Information:

List the name(s) of owner, partners, corporate officers (list true contact information and attach separate sheet if needed).

Name/Title	Address (street, city, state, zip code)	Phone	Email

Emergency contact:

Name: _____ Cell #: _____

Work #: _____ Home #: _____

Email address: _____

Relationship: _____

Mailing address (street, city, state, zip code): _____

<p>ESTIMATE GROSS FOR 20 ____: \$ _____</p> <p>JOB DESCRIPTION: _____</p> <p>JOB LOCATION: <u>YEARLY RENEWAL – VARIOUS LOCATIONS IN THE COUNTY</u></p>

First \$2,000 \$ 500.00 PLUS

Over \$2,000..... \$ 2.50 Per thousand thereafter

<p>TOTAL LICENSE FEE DUE: \$ _____</p>

This is to certify that the above is a true statement, and that this report corresponds with the records of the business and with the report of same filed or to be filed, for the corresponding period with the South Carolina Tax Commission of Insurance Commissioner. I understand that the City/County Ordinance provides for penalties and license revocation for making false or fraudulent statements in the applications and that an authorized agent of the Business License Department may examine and audit the books and records of the applicant, including federal income tax records.

_____	_____	_____
Signature	Title	Date

REMITTANCE MUST ACCOMPANY APPLICATION.
 ALL CONCERNS ARE SUBJECT TO AUDIT: REPORTED GROSS SUBJECT TO VERIFICATION WITH INTERNAL REVENUE SERVICE.

IN ORDER TO ENSURE PROPER CREDIT TO YOUR ACCOUNT YOU MUST RETURN THIS PREPARED APPLICATION. PLEASE VERIFY ALL INFORMATION LISTED, THEN COMPLETE THIS APPLICATION. A PENALTY OF 5% PER MONTH WILL BE ADDED FOR NONPAYMENT BEGINNING FEBRUARY 16TH (CITY)/MARCH 16TH (COUNTY).