

# City of Lake City

Post Office Box 1329  
Lake City, SC 29560



Phone (843) 374-5421  
FAX (843) 374-1809

## Business License Application

Name of Business: \_\_\_\_\_

### Physical / Business Address

### Mailing Address

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

\_\_\_\_\_ Federal ID / Social Security Number

\_\_\_\_\_ Telephone Number

Temporary Business   
Permanent Business

Temporary Location: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Completion Date of Temporary Business: \_\_\_\_\_

(1) Gross reported to IRS / New Business Estimate \$ \_\_\_\_\_

(2) Gross business on which a license was paid to another City (s) \$ \_\_\_\_\_

Name of City (s) 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

(3) Subtract line (2) from line (1) - enter amount and compute license fee on remainder \$ \_\_\_\_\_

I (we) do hereby certify that the above information and amount returned as gross income from my (our) Business or Profession is true and correct, and that I have made no deductions except income on which I have paid a business fee to another City or County, for which I have proof of payment. I am familiar with the penalty provisions of the City Ordinance and the grounds for revocation of the license, including making false or fraudulent statements in this application.

I (we) certify that all business personal property taxes due and payable to the City have been paid, and that the business above is the same as reported on documents filed with the State and Federal Governments.

I (we) understand that my business income tax returns and other documents may be inspected to verify income or other business data.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_