

CITY OF CLEMSON
1250 TIGER BLVD STE 1
CLEMSON SC 29631

APPLICATION FOR BUSINESS LICENSE



CITY OF CLEMSON
**BUSINESS
LICENSE**

Phone: (864)624-1147
businesslicense@cityofclemson.org

BUSINESS INFORMATION

Name (legal with DBA): _____

EIN, Fed Tax I.D., Social Security Number: _____

Mailing Address: _____

Ownership Type: Sole Prop. LLC Corp

Address 2: _____

Partnership Other: _____

City, State: _____ Zip Code: _____

Business Phone: _____

Sales Tax Number: _____

Email Address: _____

NAICS Code/Business Descr: _____

State License Number: _____

OWNER INFORMATION

Name: _____

BILLING CONTACT INFORMATION

Name: _____

Title: _____

Title: _____

Mailing Address: _____

Mailing Address: _____

Address 2: _____

Address 2: _____

City, State: _____ Zip Code: _____

City, State: _____ Zip Code: _____

Phone Number: _____

Phone Number: _____

Email Address: _____

Email Address: _____

BUSINESS LOCATION OR JOB LOCATION

FOR IN TOWN BUSINESSES

If residential, provide Home Occupation form from Planning and Codes

If commercial, provide the License Approval form from Planning & Codes after Fire Marshal Life Safety inspection

In Town Business Location: _____

OUT OF TOWN BUSINESSES WORKING IN THE CITY

Contractors can choose to hold a license annually or per job. Annual holders will renew annually by April 30 for total income in the City prior calendar year. Annual license holders do not need to report each location.

Per job license holders pay and upgrade for each job as they come to the City to work.

In Town Location of jobsite (for Per Job Licenses): _____

GROSS INCOME: \$ _____

New businesses will estimate total income for remainder of the year if annual license holder.

Per job license holders, enter the contract amount of job

I (we) do certify that the information given in this application is true, that the gross income is accurately reported (or estimated for a new business) without any unauthorized deductions, and that all assessments, personal property taxes on business property, and other monies due and payable to the Municipality have been paid. I agree to be in compliance with all applicable building, fire, and zoning codes before this license is issued and for the duration of the license.

Signature of Applicant _____ Title _____ Date _____