

BUSINESS LICENSE RENEWAL
CURRENT LICENSE EXPIRES MAY 31, 20__

City of Lancaster
P O Box 1149
216 S Catawba Street
Lancaster, SC 29721-1149
Tel: (803) 283-4253 Fax (803) 286-5927

LICENSE YEAR: _____

DATE: _____

ACCOUNT # _____

BUSINESS NAME: _____

BUSINESS PHONE: _____

BUSINESS MAILING ADDRESS: _____

BUSINESS LOCATION: _____

PHONE (If different from above): _____

APPLICANT NAME: _____

FEDERAL ID # OR SS #: _____

SC RETAIL SALES #: _____

GROSS RECEIPTS: \$ _____

Amusement Machines? _____

Sale of prepared food/beverage? _____

On-site alcohol beverage consumption? _____

Your account with us is listed as indicated above. We would appreciate any corrections needed in order that our data remains current. The following information, as requested, will allow us to accurately determine your correct license fee. Reporting of your gross receipts should reflect total revenue (unless exemptions apply). Revenues are based on the previous calendar or fiscal year (12 month reporting). Please sign and return this form as soon as possible, but no later than April 30th, so that billing statements can be forwarded in a timely manner. We value you as a customer and are attempting to obtain this information in order to forward correct billings. If you do not receive a billing notice within one week after returning this report, please contact us at (803) 283-4253 and ask for the Business License Specialist. Your license fee is due by May 31st regardless of further notice. A timely response will help ensure that penalties for payments received after May 31st are avoided. If convenience allows, this form may be returned via fax to (803) 286-5927.

The undersigned certifies that the above information is true and correct, that all assessments, charges and taxes due to the City of Lancaster related to the above business and premises from which it operates, have been paid in full and acknowledges that failure to pay a business license fee will result in assessment of penalties and/or court fines.

Applicant signature

Date

City Representative

Date