



City of Lake City

Business License - Special Event Application

Post Office Box 1329
Lake City, SC 29560

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

Name of Business: _____

Physical / Business Address

Mailing Address

Street: _____

Street: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Federal ID / Social Security Number

Telephone Number

Temporary Business

Event Location: _____

Permanent Business

Event Description: _____

Event Description

- | | | | |
|--|--------|---------|------------------|
| <input type="checkbox"/> Arts & Crafts Vendors | 454390 | \$40.00 | |
| <input type="checkbox"/> Concessions | 454390 | \$40.00 | |
| <input type="checkbox"/> Retail, games, & others | 454390 | \$40.00 | |
| <input type="checkbox"/> Already have a Lake City Business License | | \$40.00 | License #: _____ |

*** Non-Profit Vendors - A letter is to be submitted to the City of Lake City reflecting your status. Once this information is received, it will be reviewed, after which, a letter of clearance will be issued to operate at the event. ***

Have you attended any event in the City of Lake City? (Please circle one) Yes No

What is your Art or Craft? _____

I understand that issuance of a City Business License does not relieve me of the responsibility of meeting all City zoning and building Vendor Packets code requirements, and that I am subject to all provisions of the Business License Ordinance of the City of Lake City.

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

Please Return This Completed Application & License Fee To:
The City of Lake City - Attn: Finance - P.O. Box 1329 - Lake City, SC 29560

Signature _____ Title _____ Date _____

Print Name: _____

