

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

Street: _____

City: _____
State: _____ Zip Code: _____

Mailing Address

Street: _____

City: _____
State: _____ Zip Code: _____

Social Security Number _____

Federal ID _____

Temporary Business ☐
Permanent Business ☐

Temporary Location: _____

Type of Business: _____

Completion Date: _____

() Telephone Number _____

1 Gross Earnings Reported to IRS / New Business Estimate.....

2 Gross Earnings Reported to Another SC City/County.....

3 Subtract line two (2) from line one (1).....

*** 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. ***

I understand that issuance of a City Business License does not relieve me of the responsibility of meeting all City zoning and building 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 - Atten: Finance - P. O. Box 1329 - Lake City, SC 29560

Signature _____

Title _____

Date _____

Print Name: _____