



City of Darlington

Business License Application

BUSINESS INFORMATION

Name of Business _____

Business Type: Corporation Partnership Sole Proprietor Individual

Mailing Address: _____

Street Address _____

City _____ State _____ Zip _____

FED ID/SS# _____ NAICS# / SIC/OTHER _____ State Retail Lic # _____

Contact Name: _____

Title: Owner Officer Employee Authorized Rep Other _____

Office Number _____ Cell Number _____ Email _____

INCOME

Work/Contract Amount (Amount of this project) \$ _____

Additional/Estimated Gross Revenue for the Remainder of this Calendar Year \$ _____

TOTAL \$ _____

OTHER INFORMATION

- Yes No New Business
- Yes No Buying an Existing Business? *If yes, Name the Business* _____
- Yes No Home Occupation

APPLICANT CERTIFICATION

- 1 I certify tht all information provided is true and correct to the best of my knowledge and that the gross revenue is accurately reported or estimated for a new business without any unauthorized deduction.
- 2 I certify that assessments, delinquencies and personal property taxes due to the jurisdiction are fully paid.
- 3 I understand that providing false or fraudulent information may reesult in penalties, business license revocation and/or prosecution to the fullest extent possible.
- 4 I am aware of and understand the City of Darlington's requirements and codes, and the issuance of a business license is contingent upon strict and consistent compliance with all requirements.
- 5 I understand that failure to comply with these requirements may result in business license revocation as well as other compliance or legal efforts.
- 6 I also understand and authorize the City of Darlington and its agents to utilize all information on this application to ensure that all other federal, state, and local laws are complied with.
- 7 I understand the City of Darlington Business License expires on December 31st of the current calendar year

Signature _____

Printed Name _____

Title _____ Date _____