



APPLICATION FOR 2023 BUSINESS LICENSE FOR CONTRACTORS

Name of Business: _____

Type of Business: _____

Owner or Representative: _____

Business Telephone Number: _____

Federal Employer's ID Number: _____

911 Business Address: _____

Mailing address if different than above: _____

Cost of Job (including cost of all contracted labor) _____

List all Sub-Contractors:

Address of work site _____

\$100.00 for the first \$5,000 then \$1.25 per thousand thereafter

I affirm that the above information is correct: _____

Signature of Applicant

Zoning Administrator Approval _____

Signature

TO BE COMPLETED BY TOWN CLERK OF SIX MILE

Fee: _____

Date paid: _____

Receipt number: _____

License number: _____

**TOWN OF SIX MILE
PO BOX 429
SIX MILE, SC 29682**