

APPLICATION FOR CONTRACTOR  
BUSINESS OR PROFESSIONAL LICENSE

THIS  
CORPORATION  
PARTNERSHIP  
SOLE PROPRIETOR  
FAX: (864) 487-8508  
CONTACT:  
ANN JEFFERIES (864) 487-8505

RETURN APPLICATION TO:  
City of Gaffney  
P.O. Box 2109  
Gaffney, SC 29342

BUSINESS NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

JOB SITE LOCATION: \_\_\_\_\_

TYPE OF WORK: \_\_\_\_\_

FEDERAL ID # \_\_\_\_\_

SSN # \_\_\_\_\_

S.C. STATE CONTRACTORS LICENSE # \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

COST OF JOB ..... \$ \_\_\_\_\_

BASE TAX FOR FIRST \$2000.00 ..... \$ 60.00  
(only one base fee per fiscal  
year)

TAX ON EXCESS AT \$3.00 PER \$1,000.00 ..... \$ \_\_\_\_\_

TOTAL LICENSE FEE DUE ..... \$ \_\_\_\_\_

I (WE) DO HEREBY CERTIFY THAT THE COST OF THE JOB STATED IS THE TOTAL CONTRACTED AMOUNT AND THAT I HAVE PROVIDED THE BUSINESS LICENSING OFFICIAL WITH A LIST OF ALL SUBCONTRACTORS WORKING ON THIS JOB SITE, AND THAT I AM FAMILIAR WITH THE CITY ORDINANCE PROVIDING FOR PENALTIES AND REVOCATION OF MY (OUR) LICENSE FOR MAKING FALSE OR FRAUDULANT STATEMENTS IN THIS APPLICATION.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date