

APPLICATION FOR BUSINESS LICENSE

**TOWN OF BOWMAN
P.O. BOX 37
BOWMAN, SOUTH CAROLINA 29018**

OFFICE USE ONLY	
LICENSE YEAR _____	LICENSE NUMBER _____
PENALTY _____	AMOUNT OF LICENSE _____

Date of Application _____

TO THE TOWN CLERK AND TREASURER OF BOWMAN, SOUTH CAROLINA:

APPLICATION IS HEREBY MADE BY (OWNER) _____

Firm or Business _____

Location of Business _____
(Please Print Address)

To Do Business or Profession of _____
(Type of Business)

Type of Business License: (Please Check One) New _____ Renew _____

South Carolina Tax I.D. Number _____

Business Telephone _____ Home Telephone _____

Is Your Business Retail? Yes _____ No _____

Owner's Full Name (Please Print) _____

Owner's Address _____
(Please Print Street Address)

(City) (State) (Zip code)

Emergency Telephone (_____) _____

Gross Sales for Year _____

Insurance or Bonding Co. Name _____

Have you ever been convicted of a crime that is punishable by law or more than one year in jail or a five hundred dollar fine? Yes _____ **No** _____. **If so, when and where?** _____.

By answering yes to the above does not mean a license will not issued. All reviews are subject to the direction of the Clerk.

I have answered all questions truthfully and completely to the best of my knowledge. I hereby give the Town of Bowman the authority to check any and all past records both private and non private for this application.

(Signature)

(Date)

I approve, _____
(Clerk)

In the state of _____ **County of** _____
The above applicant personally appeared before me, who being duly sworn says that the above information is true and correct. Sworn before me on this ____ day of _____.
(Month) (Year)

Notary Public for South Carolina _____
(Signature)

My commission expires _____
(Date)

*** Form must be notarized***