

City of Tega Cay
7725 Tega Cay Drive
Tega Cay, SC 29708

APPLICATION FOR BUSINESS OR PROFESSIONAL LICENSE
FOR THE YEAR April 1, 2014 – March 31, 2015

Name of Applicant (Individual or Firm)

Physical Location of Business

Mailing Address

Type of Business

City, State Zip

Business Telephone & Fax Number

E-Mail Address:

OR

Federal ID Number

Social Security Number

This Application is for:

\$ _____ **Tega Cay
Amounts Only**
Total gross sales, receipts, premiums, or
other measurable returns as reported to
the Director of Internal Revenue for the
preceding calendar year.

New Business

Change of Ownership

Change in Physical Location

I do solemnly affirm that the statements above including total gross sales, receipts,
commission, or other information are true and correct to the best of my knowledge and
belief.

Signed
Printed Name: _____

SC Retail License Number or
SC Contractor's License
(Copy required)

Title (Owner, Operator, Principal
Representative or Officer)

NAICS Code

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FOR OFFICE USE ONLY

Date Issued: _____

Approved By: _____
Business License Official

Classification: _____

License Fee _____
Penalty _____

City License Number: _____

TOTAL _____