

CITY OF TEGA CAY
7725 Tega Cay Drive
Tega Cay, SC 29708
803-548-3514

APPLICATION FOR BUSINESS OR PROFESSIONAL LICENSE
(THE BUSINESS LICENSE YEAR RUNS FROM MAY 1 – APRIL 30)

This Application is for:

Account #: _____

- New Business
 Change of Ownership
 Change of Location

Name of Applicant (Individual or Firm):	
Owner:	
Title (Owner, Operator, Principal or Representative):	
Mailing Address:	
City	State Zip
Physical Address of Business:	
Type of Business:	
Email Address:	
Phone:	Fax:
Federal ID/SSN #:	State License #:
NAICS Code:	
Gross Receipts:	
<i>Tax for a new business shall be computed on the estimated probable gross revenue stated in the application for the balance of this license year.</i>	

All businesses are subject to audit and verification of gross receipts by examination of income tax returns and documents filed with state and federal government agencies. 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.

Signature: _____

Date: _____

Printed Name: _____

OFFICE USE ONLY:

DATE ISSUED: _____

LICENSE FEE: _____