



**APPLICATION FOR BUSINESS LICENSE
CITY OF BELTON**

BUSINESS NAME _____

BUSINESS LOCATION _____

TYPE OF BUSINESS: INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____

BUSINESS PHONE _____ **FAX #** _____

FEDERAL ID OR SOCIAL SECURITY # _____

MAILING ADDRESS _____

OWNER _____

DRIVERS LICENSE# _____

GROSS RECEIPTS _____

BUSINESS DESCRIPTION _____

NUMBER OF VEHICLES ON SITE _____

LOCATION OF JOB _____

PAYABLE TO: City of Belton
P.O. Box 828
Belton, SC 29627

(864) 338-7773, x102 – PHONE
(864) 338-8369 – FAX

EMAIL: willish@cityofbeltonsc.com