



**APPLICATION FOR BUSINESS LICENSE
CITY OF BELTON**

City Business License MUST be obtained before work can commence with the City of Belton.

BUSINESS NAME: _____

PHYSICAL ADDRESS (IN CITY LIMITS, IF APPLICABLE): _____

MAILING ADDRESS: (IF DIFFERENT) _____

BUSINESS PHONE: _____ NAICS CODE: _____

EMAIL ADDRESS: _____

TYPE OF BUSINESS: _____ INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ OTHER

CONTACT NAME: _____ CONTACT NUMBER: _____

FEDERAL ID/SOCIAL SECURITY NUMBER: _____

BUSINESS DESCRIPTION: _____

GROSS RECEIPTS (JOB CONTRACT AMOUNT): _____

JOB LOCATION (FOR CONTRACTORS): _____

NUMBER OF VEHICLES ON SITE: _____

IS THERE A CURRENT FIRE INSPECTION (WITHIN THE 12 MONTHS) ASSOCIATED WITH THE BUILDING BUSINESS WILL BE LOCATED IN? _____ YES _____ NO

APPLICATION CAN BE COMPLETED AND RETURNED TO CITY HALL:

Mail: City of Belton

Email to: willish@cityofbeltonsc.com

Attn: Helen Willis

PO Box 828

Belton, SC 29627

Additional information, please contact Helen Willis at (864) 338-7773 ext. 102.

SIGNATURE: _____ DATE: _____

Information about City of Belton Business License ordinance can be found online at www.cityofbeltonsc.com.