



City of Rock Hill License Division;
 155 Johnston Street [or P O Box 11646];
 Rock Hill SC 29731

Application for Business License
 For Calendar Year 20__

NAICS # _____ Class _____ Account _____

Business/Applicant Name:	Federal I.D. #/Social Security #:
Mailing Address:	Location of Business/Job Site in City Limits:
Residence Address/Home Phone Number:	Phone Number:
Contract Price or Estimate of Gross Receipts through December "31": \$	Definition of Gross: "Gross income" means the total income of a business, received or accrued, for one calendar year collected or to be collected from business done within the City
City/State/Zip Code:	Type of Business:
Number of Employees at Location:	Do you store hazardous materials () Yes () No
Driver's License Number/State:	Date of Birth:

I (We) do hereby certify that:

- The above information is true and correct to the best of my knowledge, and
- I understand that this license may be revoked for making false or fraudulent statements in this application.

_____ Signature _____ Title _____ Date

For Office Use Only

Application Approved By: _____ License Fee: _____

Method of payment: Cash () Check () Credit Card ()