



26-27

Business License Application

To ensure a smooth processing experience, kindly complete all sections of this form. Your thoroughness helps us serve you better. Be aware that when this business license is issued, it will expire on 4/30/2027.

If you are a construction company/general contractor, etc., please note that you are required to apply for a new license for EACH job site.

Expect your application to be processed within 7-10 business days, wait may be longer during Business License Renewal Season (January-May).

| | |
|----------------------|-------------------------------------|
| Date of Application: | Is this a renewal or a new license? |
|----------------------|-------------------------------------|

BUSINESS INFORMATION

| | | |
|--|---|--|
| Business Name (Legal) | Business Name (Public/DBA) | |
| Physical Address | | |
| Mailing Address | | |
| Is this a home-based business? <input type="checkbox"/> YES <input type="checkbox"/> NO | Type of business activity performed | |
| Business organized as: | | |
| <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> C-Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Government Entity <input type="checkbox"/> Conversion <input type="checkbox"/> Other: _____ | | |
| Business Federal ID / Tax ID number or Owner SSN: | <input type="checkbox"/> Federal ID <input type="checkbox"/> Tax ID <input type="checkbox"/> SSN#: _____ | |
| Are you buying an existing business? <input type="checkbox"/> YES <input type="checkbox"/> NO | If yes, name of purchased business: _____ | Is the Tax ID changing? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you renting/leasing space to another business or individual? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will you be placing new signage for your business? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you leasing or renting your business property? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| <i>If yes, provide landlord's name and contact information</i> | | |
| Do you sell food or beverages prepared/consumed on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No | | <small>(If yes, please ask City Hall staff for a copy of the Hospitality Tax reporting form.)</small> |
| Are you a mobile food vendor? <input type="checkbox"/> Yes <input type="checkbox"/> No | | <small>If yes, have you completed the Food Truck/Caterer Permit Application available on the city website and at City Hall? <input type="checkbox"/> Yes <input type="checkbox"/> No</small> |

** CONTRACTORS ONLY **

You must contact both Jenifer Vissage (Zoning) and Austin Lassiter (permits) before applying for a business license. (vissage@scacog.org) (Austin.Lassiter@blecorp.com)
 Please ensure that you have contacted both individuals and have obtained the proper permits.

| | |
|--|--|
| Project Start Date | Project End Date |
| Project Location | |
| Project Gross Revenue PRIOR TO ANY DEDUCTIONS | <small>You will only need a City of Liberty business license if your project is inside City Limits. Please check the Pickens County Assessor's website to verify your project address/tax parcel ID is within city limits.</small> |

MORE ON BACK 



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CONTACT INFORMATION

| | |
|--------------------------|---------------------|
| Person of Contact | Title |
| Email | Phone Number |

APPLICANT CERTIFICATION:

By signing below, I certify that: I hereby certify that all information provided is true and correct to the best of my knowledge and that the gross revenue is accurately reported or estimated for a new business without any unauthorized deduction. I certify that assessments, delinquencies, and personal property taxes due to the jurisdiction are fully paid. I understand that providing false or fraudulent information may result in penalties, business license revocation and/or prosecution to the fullest extent possible. I am aware of and understand the jurisdiction's requirements and codes, and the issuance of a business license is contingent upon strict and consistent compliance with all the jurisdiction's requirements. I understand that failure to comply with these requirements may result in business license revocation as well as other compliance or legal efforts. I also understand and authorize the jurisdiction and its agents to utilize all information on this application to ensure that all other federal, state, and local laws are complied with.

| | |
|-------------------------------|-------------|
| Applicant Printed Name | |
| Applicant Signature | Date |

OFFICE USE ONLY

| | | |
|--------------------------------|-----------------------|------------------|
| Business License Number | Account Number | |
| Date Received | Date Processed | Total Due |
| Staff Signature | | |
| Notes | | |