



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? YES <input type="checkbox"/> NO <input type="checkbox"/>	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#: _____	Gross Revenue prior to any deductions	
Are you buying an existing business? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, name of purchased business: _____	Is the Tax ID changing? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you renting/leasing space to another business or individual? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Will you be placing new signage for your business? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<input type="checkbox"/> Are you leasing or renting your business property? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, provide landlord's name and contact information</i>		
Do you sell food or beverages prepared/consumed on premises? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please ask City Hall staff for a copy of the Hospitality Tax reporting form.)</i>		
Are you a mobile food vendor? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>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</i>		

** 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	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.

MORE ON BACK



Business License Application

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			