

Town of Holly Hill  
8423 Old State Road, Suite # 1  
Holly Hill, South Carolina 29059-8100  
Per Year Business License Application 2017  
The undersigned hereby makes application to  
the Town of Holly Hill, SC for a BUSINESS LICENSE  
Phone Number: (803) 496-3330  
Fax Number: (803) 496-5211

Account Number \_\_\_\_\_

Business Name \_\_\_\_\_

Type of Business \_\_\_\_\_

Owner's Legal Name \_\_\_\_\_

Business' Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Out of Town (Y) \_\_\_\_\_ (N) \_\_\_\_\_ SS#/Fed ID# \_\_\_\_\_  
State Contractor's License Number \_\_\_\_\_

Job's Physical Address (if different) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date Business Established \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

email Address \_\_\_\_\_

The Gross Sales or Receipts for preceding year ending 2015.

Amounted to \_\_\_\_\_ and did not exceed the sum of \_\_\_\_\_

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signed in the Presence of:

\_\_\_\_\_  
Administrator/Clerk, Town of Holly Hill, SC

\_\_\_\_\_  
Signature of Applicant

**\*\*LICENSE DUE ON OR BEFORE APRIL 15, 2017 UPON COMPLETION OF PRIOR YEAR TAX FILING\*\***

LICENSES VALID FROM JANUARY 1 THROUGH DECEMBER 31 OF FILING YEAR

Office Use Only

SIC \_\_\_\_\_

Class Code \_\_\_\_\_

License Number \_\_\_\_\_

Paid \_\_\_\_\_

Water \_\_\_\_\_

Contractor \_\_\_\_\_

Date \_\_\_\_\_

Current \_\_\_\_\_

Bldg Permit \_\_\_\_\_

Please complete the above form and return via fax to the above number or drop off at Town Hall. Submit original form with original signature with payment.