

Town of Hemingway
P.O. Box 968 • Hemingway, SC 29554 • 843-558-2824
APPLICATION FOR BUSINESS AND PROFESSIONAL LICENSE
For BBQ SHAG FESTIVAL FOR 2017

1. Name of Business: _____
2. Mailing Address: Street _____
City _____ State _____ Zip _____
3. Business Physical Address: _____ in town out of town
4. Telephone Number: _____ Fax: _____
5. Type of Business: _____
6. Name of Owner: _____ Address: _____
7. Federal ID#: _____ AND/OR Social Security # _____

LICENSE CALCULATION	
Basic License Fee.....	<u>\$38.50</u>
Date Paid _____	

I CERTIFY THAT ALL OF THE INFORMATION STATED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT THE TOWN ORDINANCE PROVIDES FOR PENALTIES AND LICENSE REVOCATION FOR MAKING FALSE OR FRAUDULENT STATEMENTS ON THIS APPLICATION.

Print Name _____ Title _____
Signature _____ Date _____