

CITY OF SENECA
NONRESIDENT BUSINESS LICENSE APPLICATION

I will need the following information to process a business license for the City of Seneca:

Correct spelling of business name: _____

correct spelling of owner's name: _____

complete mailing address: _____

complete physical address of your business: _____

phone number: _____ fax number: _____

emergency contact information (name, phone number, address) _____

federal id #: _____ OR social security #: _____

a brief description of the type of work you will be doing: _____

ADDRESS OF JOB: _____

\$ AMOUNT BEING PAID FOR JOB: _____

If you are paying for a business license and a permit, you may pay with one check. We accept cash, check, money order, Visa, MasterCard, and Discover. We also accept payment with VISA, MasterCard, or Discover over the phone.

If you have any questions, please call. Thank you.

Cynthia Dilworth, Finance Administrative Assistant
 Mailing Address: P O Box 4773, Seneca, SC 29679
 Physical Address: 221 E N 1st Street, Seneca, SC 29678
 ph: 864-885-2700 fax: 864-885-2701 cdilworth@seneca.sc.us

Signature _____ **Date** _____

OFFICE USE ONLY:

Business License ID#	Payment Amount	Type of Payment	Receipt #	Date Paid
	\$	Cash Ck# _____ CC MO		

NAICS _____ **RATE** _____