

# City of Lake City

Post Office Box 1329  
Lake City, SC 29560



Phone (843) 374-5421  
FAX (843) 374-1809

## Business License - Special Event Application

Name of Business: \_\_\_\_\_

Physical / Business Address	Mailing Address
Street: _____	Street: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____

Federal ID / Social Security Number	Telephone Number
<input type="checkbox"/> Temporary Business <input type="checkbox"/> Permanent Business	Event Location: <u>LCHSAA Kickball Tournament</u> <u>Blanding Street Baseball Fields</u>

**Event Description**

<input type="checkbox"/> Arts & Crafts Vendors	454390	\$ 40.00
<input type="checkbox"/> Concessions	454390	\$ 40.00
<input type="checkbox"/> Retail, games, & others	454390	\$ 40.00

*\*\*\* Non-Profit Vendors - A letter is to be submitted to the City of Lake City reflecting your status. Once this information is received, it will be reviewed, after which, a letter of clearance will be issued to operate at the event. \*\*\**

Have you attended any event in the City of Lake City? (Please circle one)      Yes      No

What is your Art or Craft? \_\_\_\_\_

*I understand that issuance of a City Business License does not relieve me of the responsibility of meeting all City zoning and building code requirements, and that I am subject to all provisions of the Business License Ordinance of the City of Lake City.*

*I (we) do hereby certify that the above information and amount returned as gross income from my (our) Business or Profession is true and correct, and that I have made no deductions except income on which I have paid a business fee to another City or County, for which I have proof of payment. I am familiar with the penalty provisions of the City Ordinance and the grounds for revocation of the license, including making false or fraudulent statements in this application.*

*I (we) understand that my business Income tax returns and other documents may be inspected to verify income or other business data.*

*Please Return This Completed Application & License Fee To:  
The City of Lake City - Attn: Finance - P.O. Box 1329 - Lake City, SC 29560*

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Print Name: \_\_\_\_\_