



**CITY OF GOOSE CREEK
PEDDLER, SOLICITOR AND TRANSIENT VENDOR
BUSINESS LICENSE APPLICATION**

For Office Use Only	
Date Issued:	_____
License Number:	_____
Class:	_____
SIC Code:	_____
Berkeley County License Number:	_____

Please submit copy of Berkeley County Hawkers and Peddlers License pursuant to South Carolina Code Section 40-41-10.

1. Name of Applicant: _____ 2. Date: _____

3. Name of Business: _____

4. Mailing Address: _____

5. City: _____ 6. State: ____ 7. Zip: _____

8. Physical Location of Business: _____

9. Local Telephone Number: _____ 10. Home Office Telephone: _____

11. Federal Identification #: _____ 12. State Retail License #: _____

13. Social Security # _____ 14. Driver License #: _____ State: _____

15. Have you ever applied for a City of Goose Creek Business License: ___ Yes ___ No

16. Have you ever been denied a City of Goose Creek Business License: ___ Yes ___ No

17. Have you ever held a City of Goose Creek Business License that has been revoked?
____ Yes ____ No

a. If so, state the nature of revocation and when? _____

18. State the place or places (**City and State**) other than the permanent place of business, where applicant within three (3) years preceding the date of this application conducted a transient business: _____

a. State the Nature of business: _____

19. Have you been convicted of any crime or violation of any federal, state, local laws or ordinances or traffic violations within the last five (5) years of the date of this application?

Yes _____ No _____

a. If so, state the nature of such offense, the date of the same, the jurisdiction in which the offense was heard, and the punishment therefor. _____

20. State the length of time and the business hours for which this license is applied:

21. State the place or places in the City where it is proposed that you will be conducting business: _____

22. If you are conducting business at a stationary location, do you have the property owner's permission? ____Yes __No **If yes, please attached a completed property use letter.**

23. State the nature of property or service to be sold or offered for sale: _____

a. State the price of property or service to be sold or offered for sale: _____

b. State whether the goods are new, damaged or rejects: _____

c. State whether the goods are to be sold from stock in possession or by sample, or at auction or by direct sale or by having orders for future delivery:

d. State where the goods are manufactured or produced: _____

24. Name of the person having the management or supervision of the business:

a. Address of manager or supervisor: _____

b. Telephone number of manager or supervisor: _____

c. Social Security number of manager or supervisor: _____

d. Driver's License Number of manager or supervisor: _____

25. List all employees, agents or consignees:
Name: _____

Local address: _____

Telephone #: _____ Social Security #: _____

Driver's License #: _____

Name: _____

Local address: _____

Telephone #: _____ Social Security #: _____

Driver's License #: _____

Name: _____

Local address: _____

Telephone #: _____ Social Security #: _____

Driver's License #: _____

Name: _____

Local address: _____

Telephone #: _____ Social Security #: _____

Driver's License #: _____

Name: _____

Local address: _____

Telephone #: _____ Social Security #: _____

Driver's License #: _____

Name: _____

Local address: _____

Telephone #: _____ Social Security #: _____

Driver's License #: _____

*****If more space is needed for #25 please make a copy of this page and complete*****

26. Will you be acting as proprietor, agent, consignee or employee? _____

a. State the credentials establishing you as proprietor, agent, consignee or employee:

27. State the name, and address of person, firm or corporation for whose behalf the business will be carried on: _____

Gross Receipts for preceding calendar week or estimate of future weeks earnings

28. From Date: _____

29. To Date: _____

30. Total Gross Receipts/Contract Amount:
\$ _____

31. Computation of Fees
Application Fee: \$ _____
Business Fee: \$ _____
Penalty: _____ % = _____
Total Fee Due: \$ _____

*****Certification of Applicant*****

I (We) do hereby certify that the information given in this application is true. That the gross income is accurately reported or estimated for a new business without any unauthorized deduction, and that all assessments and personal property taxes due and payable to the city have been paid. I understand that issuance of a solicitors, peddlers or transient vendor business license does not relieve me of the responsibility of meeting all City of Goose Creek Zoning and Building Code requirements, and that I am subject to all provisions of the business license ordinance of the City of Goose Creek. I also understand and authorize the City of Goose Creek and it's Agents to utilize all information on this application for the purposes of obtaining a business license and insuring that all other Federal, State, and Local laws are followed.

Application must be completed in its entirety before the city will begin the application process. Failure to provide a completed application will cause the application to be denied and returned without further action to the applicant.

Please allow a minimum of three (3) complete business days for the processing of this application.

Signature of Applicant

Date

PLEASE ATTACH HERE TWO (2) 2x2 PHOTOGRAPHS OF ALL EMPLOYEES THAT WILL BE WORKING UNDER THIS LICENSE.

For Office Use Only
Police Dept: _____
Attachments _____ yes _____ no
Building Insp.: _____
City Planner: _____
Finance Dir.: _____
City Admins: _____