

TOWN OF HEMINGWAY, SOUTH CAROLINA
VENDOR LICENSE APPLICATIONS
FOR CALENDAR YEAR 2009

Name of Vendor: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____
Type of Business: _____
Social Security Number: _____
Federal Identification Number: _____
TOTAL AMOUNT DUE: _____ \$38.50

This is to certify that the above is a true statement of the business transacted at or through the SC Bar-B-Que Shag Festival for the calendar year of 2009. I understand that the Hemingway Town Ordinance provides for penalties of making false or fraudulent statements in this application. All licenses are subject to being audited. Failure to provide all information requested will result in an audit from all required sources.

Signature

Title

Date

FOR OFFICE USE ONLY:

SIC Code: _____

Rate Class: _____

License Number: _____

PLEASE REMIT TO:
TOWN OF HEMINGWAY
P.O. BOX 968
HEMINGWAY, SC 29554