307 Spartanburg Hwy
P.O. Box 99
Wellford, SC 29385
(864) 439-4875 Fax: (864) 439-2437
Email: styson@wellfordpd.com

Application for Work Permit

For the license period of May 1, 2025-April 30, 2026

Please complete and verify all information

YOU MUST REMIT PAYMENT WITH COMPLETED APPLICATON

Every person engaged or intending to engage in any calling, business, occupation or profession listed in the rate classification index portion of the City's business license ordinance, in whole or in part, within the limits of the city, is required to pay an annual license fee and obtain a business license as herein provided. That fee must be paid before a work permit is added.

Business License Fee Renewals are due by May 1st every year to avoid penalties

DATE:_____/_____/_____

Business Name: _____

Address: _____

City, State & Zip_____

Phone: _____

Fax: _____

Owner Name: _____

Mailing Address: _____

City, State & Zip_____

Phone: _____

E-mail: _____

Fed. Id #

SC Tax #

SS #

Location of work being performed:_____

Description of work being performed:_____

State Contractor's License No._____ **Expiration Date:**_____

Instructions for completing the form: (Verify all information and make changes where necessary

1. Enter gross income/sale for total cost of home sale or cost of job(s)
2. Divide that amount by 1,000
3. Multiple by 1.65 or 3.3 if the business is located outside of Wellford City Limits
4. Make Checks Payable to: **City of Wellford**

Gross Sales:$_____ / 1000.00 X _____ = Total Due: $_____
Per add. rate

I, (we) do hereby certify that the amount returned as GROSS SALES from my business or profession as reported herein is true and correct, and that I am familiar with the City Ordinance providing for penalties and revocation of my (our) license for making false statements in this application, and;
I, (we) hereby certify that all taxes due to the City by such Business for the year preceding the year for which this application is made, have been paid in accordance with municipalities' Business License Ordinance.

Signature:_____ **Printed Name:**_____ **Title:**_____

Office Use Only:

Business License Verified: ☐ Yes Customer Number:_____

Approval Letter Needed: ☐ Yes ☐ No

Date Paid:_____ Payment Method:_____