

**Town of Hemingway**  
P.O. Box 968 • Hemingway, SC 29554 • 843-558-2824  
**APPLICATION FOR BUSINESS AND PROFESSIONAL LICENSE**  
**For BBQ SHAG FESTIVAL FOR 2024**

1. Name of Business: \_\_\_\_\_
2. Mailing Address: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Business Physical Address: \_\_\_\_\_  in town  out of town
4. Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_
5. Type of Business: \_\_\_\_\_
6. Name of Owner: \_\_\_\_\_ Address: \_\_\_\_\_
7. Federal ID#: \_\_\_\_\_ AND/OR Social Security # \_\_\_\_\_

<b>LICENSE CALCULATION</b>	
Basic License Fee.....	<u>\$38.50</u>
Date Paid _____	

I CERTIFY THAT ALL OF THE INFORMATION STATED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT THE TOWN ORDINANCE PROVIDES FOR PENALTIES AND LICENSE REVOCATION FOR MAKING FALSE OR FRAUDULENT STATEMENTS ON THIS APPLICATION.

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_