



Business License Department * 601 South Main St* Anderson, SC 29624

Phone: (864)231-2213 Direct: (864)231-2214 Fax: (864)222-6683

Email: fburdette@cityofandersonsc.com

Nonresident Contractors Adjustment Application

Business Name: _____ Acct.#: _____

Address: _____ Fax #: _____

Please list job sites and contract amounts for any jobs, in the City of Anderson that have not previously been reported to our office. As per the license ordinance, an amended report shall be filed for each new job and the appropriate additional license fee per \$1,000 of the contract amount shall be paid prior to commencement of new work.

<u>Job Start Date</u>	<u>Job Site Location</u>	<u>Contract Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Contract Amounts Not Previously Reported _____
 Per thousand or fraction thereof @ \$2.00 _____
 Total amount due for adjustments _____

Please charge to my:
(Visa or Master Card) acct.#: _____
Expires: _____ **V-Code:** _____

No certificate of occupancy shall be issued until all license fees have been paid

If you have any questions, please do not hesitate to contact our office.

I (we) do hereby certify that the above listed information is true and correct to the best of my knowledge.

_____ Date _____ Title _____ Signature _____