

CITY OF EASLEY, SC
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CONTRACTOR/SUB-CONTRACTOR LICENSE FORM

BUSINESS NAME & ADDRESS		LOCATION OF JOB	
TAX ID NO./SOCIAL SECURITY NO.		STATE CONTRACTOR CARD NO.	
OWNERSHIP TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION		CONTACT NAME & TITLE	
TYPE OF BUSINESS		COMPANY PHONE NUMBER	
TOTAL GROSS OF JOB	LICENSE FEE	CHECK _____	
\$	\$	CASH _____	
		CHARGE _____	

THE TOTAL FEE FOR THE FULL AMOUNT OF THE CONTRACT SHALL BE PAID PRIOR TO COMMENCEMENT OF WORK AND SHALL ENTITLE THE CONTRACTOR TO COMPLETE THE JOB WITHOUT REGARD TO THE NORMAL LICENSE EXPIRATION DATE.

SUB-CONTRACTORS SHALL BE LICENSED ON THE SAME BASIS AS GENERAL OR PRIME CONTRACTORS FOR THE SAME JOB AND NO DEDUCTIONS SHALL BE MADE BY A GENERAL CONTRACTOR FOR VALUE OF WORK PERFORMED BY A SUB-CONTRACTOR.

*****EACH PRIME CONTRACTOR SHALL FILE WITH THE LICENSE INSPECTOR A LIST OF SUB-CONTRACTORS FURNISHING LABOR OR MATERIALS FOR EACH PROJECT.*****

 SIGNATURE OF APPLICANT AND TITLE

 DATE