

CITY OF EASLEY, SC

EASLEY, SC 29640

PHONE: 864-855-7900

Denise Meetze, Collections & Compliance Clerk – dmeetze@cityofeasley.comRachel Lee, Administrative Assistant – rblair@cityofeasley.com**CONTRACTOR/SUB-CONTRACTOR LICENSE FORM**

BUSINESS NAME & ADDRESS	LOCATION OF JOB	
TAX ID NO./SOCIAL SECURITY NO.	STATE CONTRACTOR CARD NO.	
OWNERSHIP TYPE ____ INDIVIDUAL ____ PARTNERSHIP ____ 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 THE 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