

**TOWN OF HOLLYWOOD**  
 6278 Hwy 162, P.O. Box 519  
 Hollywood, SC 29449  
 Office (843) 889-3222 Fax (843) 889-3636

Contractor Name (as it appears on contractor's license card) \_\_\_\_\_

State License #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Local  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Main/PO  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

**Persons Authorized to Receive Permit Authorization Cards:**

<u>Name:</u>	<u>Telephone:</u>

**Responsibility Statement:**

It is your responsibility to notify the Town of Hollywood, in writing, if there is a change in the permit authorization cardholder's work status.

State License Holder Name: \_\_\_\_\_ (please print)

State License Holder's Signature: \_\_\_\_\_

DL# \_\_\_\_\_ Exp. \_\_\_\_\_ DOB \_\_\_\_\_