

TOWN OF HOLLYWOOD
 6322 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** _____

A current South Carolina State Contractor's License Card (not the wall certificate) is required to issue a Permit Authorization Card. Please bring your state license card with you when applying for this card. In the event your card is lost, there will be a \$5.00 fee to obtain a duplicate card.