



Application for  
**LOCAL VENDOR PREFERENCE CERTIFICATE**

Application Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Number of Years at this Location: \_\_\_\_\_

Types of Goods / Services Provided: \_\_\_\_\_

I hereby make application under the City of Greer Code of Ordinances Section 2-298 (10) (b) for a Local Vendor Preference Certificate. I certify that the above statements are true, accurate, and correct and also certify that the business named above has held a valid resident city business license for at least three (3) consecutive years prior to the date of this application for certification under penalty of law.

\_\_\_\_\_  
*Signature of Owner / Applicant*

*For Office Use Only:*

_____	Information Verified
_____	License Requirement Verified
Certificate Authorized _____	_____
<i>Signature of Business License Inspector</i>	<i>Date</i>