APPLICATION FOR BUSINESS LICENSE FOR CALENDAR YEAR 2017 - 2018

OUTSIDE CITY LIMITS

Return Application To: Town of Williamston
Post Office Box 70
Williamston, South Carolina 29697
(864) 847-7473
(864) 847-5910 Fax

In order to ensure proper credit to your account, you MUST return THIS application.
Please verify all information listed, then complete this application as required.

BUS NAME _____

OWNER/OFFICER _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____

WORK SITE LOCATION _____

DESCRIPTION OF BUSINESS _____

EMAIL ADDRESS _____

* LOCATION CODE _____

SC RESIDENTIAL BLDRS # _____

BONDING COMPANY _____

NEW BUSINESS _____ RENEWAL _____

CORPORATION _____ PARTNERSHIP _____

INDIVIDUAL _____

FEDERAL ID # _____

SOUTH CAROLINA TAX # _____

SOCIAL SECURITY # _____

HEALTH PERMIT _____

FIRE INSPECTION Circle One: **YES** **NO** **NA**

* LICENSE _____

* DATE OF APPLICATION _____

* OFFICE USE ONLY

GROSS RECEIPTS (TOWN OF WILLIAMSTON CITY LIMITS ONLY) _____ **(REQUIRED FOR RENEWAL)** _____ $ _____

(A) BASE TAX ___ **FIRST $2,000.00** _____ $ **97.50**

(B) TAX ON EXCESS AT $ **.98** PER $ **1,000.00 FOR THE NEXT $999999999999** _____ $ _____

(C) TAX ON EXCESS AT $ _____ PER $ _____ $ _____

SUBTOTAL OF LICENSE FEE DUE _____ $ _____

(D) PENALTY: For non-payment of all or any part of the correct license fee, the License Inspector shall levy and collect a late penalty of 10% of the amount due after March 15, after April 15 a 25% penalty will be added. ____ $ _____

TOTAL LICENSE FEE DUE _____ $ _____

I (WE) DO HEREBY CERTIFY THAT THE AMOUNT RETURNED AS TOTAL GROSS FROM BUSINESS OR PROFESSION AS REPORTED HEREIN IS TRUE AND CORRECT, AND THAT I HAVE MADE NO DEDUCTION FOR "DROP SHIPMENTS", "SALES TO GOVERNMENT AGENCIES", "OUT OF CITY OR COUNTY DELIVERIES", OR OTHERWISE, AND THAT I AM FAMILIAR WITH TOWN ORDINANCE PROVIDING FOR PENALTIES AND REVOCATION OF MY (OUR) LICENSE FOR MAKING FRAUDULENT STATEMENTS IN THIS APPLICATION.

I (WE) DO HEREBY CERTIFY THAT ALL PERSONAL PROPERTY TAXES HAVE BEEN PAID WHICH ARE DUE AND PAYABLE TO THE TOWN OF WILLIAMSTON, SC OF THIS DATE AND THAT THE BUSINESS NAME IS THE SAME AS REPORTED ON MY SOUTH CAROLINA INCOME TAX RETURN.

_____ Signature

_____ Title

_____ Date