

APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2017

TOWN OF CENTRAL
(864) 639-6381 EXT 106
P O BOX 549
CENTRAL, SC 29630



To Avoid Penalties:

This Application with remittance in full must be completed and returned with full payment on or before 5/1/2017
If no longer in business, please so indicate and return the application.

BUSINESS NAME AND MAILING ADDRESS

EMERGENCY CONTACT NAME AND ADDRESS

NAME: _____
ADDRESS: _____
ADDRESS 2: _____
CITY, ST., ZIP: _____
PHONE: _____
LOCATION: _____
BUSINESS CLASS: _____
BUSINESS DESC: _____
RESP. PERSON: _____
ACCOUNTANT NAME: _____
BONDING COMPANY: _____
BOND NUMBER: _____
OTHER LICENSE # _____

TAX ID NUMBER: _____
OWNERSHIP TYPE: _____
(Corp., Individual, Partnership, Etc.)

OFFICE USE ONLY:
CODE: _____
RESIDENT: _____
RENEW: _____ FAL: _____

CALCULATION OF LICENSE FEE:

LICENSE FEE

GROSS RECEIPTS \$ _____ (See rate schedule below) _____
Late Payment Penalty _____
Total Payment _____

I certify that all of the information stated above is true and accurate to the best of my knowledge and belief. I understand that the Town Code provides for penalties and license revocation for making false or fraudulent statements on this application.

THE IRS HAS ISSUED A RULING THAT A COPY OF YOUR INCOME TAX RETURN MAY BE REQUIRED FOR VERIFICATION OF GROSS INCOME.

Signature

Title

Date

Calculation of license fee based on rate schedule

	<u>RATE</u>	<u>TOTAL FEE</u>
For Gross Receipts not exceeding \$0	\$0.0000	_____
On each additional \$0 or fraction thereof between \$0 and \$0	0.0000	_____

PLEASE NOTE: A 50% PENALTY WILL BE ADDED FOR EACH MONTH THAT IS LATE, AFTER APRIL 30TH.

OFFICE USE ONLY: Check/Cash: _____ Amount: \$ _____ Date Paid: / / Receipt No: _____