

APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2018

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 5/1/2018
 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: 238310
 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:

GROSS RECEIPTS \$ _____

(See rate schedule below)

LICENSE FEE

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 for 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 8

	<u>RATE</u>	<u>TOTAL FEE</u>
For Gross Receipts not exceeding \$2,000	\$179.0000	_____
On each additional \$1,000 or fraction thereof between \$2,000 and \$1,000,000	1.4800	_____
On each additional \$1,000 or fraction thereof between \$1,000,000 and \$2,000,000	1.3600	_____
On each additional \$1,000 or fraction thereof between \$2,000,000 and \$999,999,999	1.2000	_____

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: _____