

3/27/2025

APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2025

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 **5/1/2025**
 If no longer in business, please so indicate and return the application.

BUSINESS NAME AND MAILING ADDRESSEMERGENCY CONTACT NAME AND ADDRESS

NAME: _____
 ADDRESS: _____
 ADDRESS 2: _____
 CITY, ST., ZIP: _____
 PHONE: _____
 LOCATION: _____
 BUSINESS CLASS: 236115
 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 8.1

| | <u>RATE</u> | <u>TOTAL FEE</u> |
|--|-------------|------------------|
| For Gross Receipts not exceeding \$2,000 | \$180.0000 | _____ |
| On each additional \$1,000 or fraction thereof between \$2,000 and \$1,000,000 | 1.5000 | _____ |
| On each additional \$1,000 or fraction thereof between \$1,000,000 and \$2,000,000 | 1.3400 | _____ |
| On each additional \$1,000 or fraction thereof between \$2,000,000 and \$999,999,999 | 1.2000 | _____ |

PLEASE NOTE: A 5% PENALTY WILL BE ADDED FOR EACH MONTH THAT IS LATE, AFTER APRIL 30TH.

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