

1/1/2021

APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2021

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 5/1/2021
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

	RATE	TOTAL FEE
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: _____