

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 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

	<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: \_\_\_\_\_