# APPLICATION FOR BUSINESS LICENSE FOR CALENDAR YEAR 2020 - 2021

**OUTSIDE CITY LIMITS**

Return Application To: Town of Williamston
Post Office Box 70
Williamston, South Carolina 29697
(864) 847-7473
(864) 847-5910 Fax

In order to ensure proper credit to your account, you MUST return THIS application.
Please verify all information listed, then complete this application as required.

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|---|---|
| BUS NAME _____ | NEW BUSINESS _____ RENEWAL _____ |
| OWNER/OFFICER _____ | CORPORATION _____ PARTNERSHIP _____ |
| MAILING ADDRESS _____ | INDIVIDUAL _____ |
| CITY/STATE/ZIP _____ | FEDERAL ID # _____ |
| TELEPHONE _____ | SOUTH CAROLINA TAX # _____ |
| WORK SITE LOCATION _____ | SOCIAL SECURITY # _____ |
| DESCRIPTION OF BUSINESS _____ | HEALTH PERMIT _____ |
| EMAIL ADDRESS _____ | **FIRE INSPECTION** Circle One: **YES NO NA** |
| * LOCATION CODE _____ | * LICENSE _____ |
| SC RESIDENTIAL BLDRS # _____ | * DATE OF APPLICATION _____ |
| BONDING COMPANY _____ | * OFFICE USE ONLY |

GROSS RECEIPTS ( TOWN OF WILLIAMSTON CITY LIMITS ONLY) **(REQUIRED FOR RENEWAL)** $ _____

(A) BASE TAX **FIRST $2,000.00** $ **97.50**

(B) TAX ON EXCESS AT $ **.98** PER $ **1,000.00 FOR THE NEXT $999999999999** $ _____

(C) TAX ON EXCESS AT $ _____ PER $ _____ $ _____

**SUBTOTAL OF LICENSE FEE DUE** $ _____

(D) PENALTY: For non-payment of all or any part of the correct license fee, the License Inspector shall levy and collect a late penalty of 10% of the amount due after March 15, after April 15 a 25% penalty will be added. $ _____

**TOTAL LICENSE FEE DUE** $ _____

I (WE) DO HEREBY CERTIFY THAT THE AMOUNT RETURNED AS TOTAL GROSS FROM BUSINESS OR PROFESSION AS REPORTED HEREIN IS TRUE AND CORRECT, AND THAT I HAVE MADE NO DEDUCTION FOR "DROP SHIPMENTS", "SALES TO GOVERNMENT AGENCIES", "OUT OF CITY OR COUNTY DELIVERIES", OR OTHERWISE, AND THAT I AM FAMILIAR WITH TOWN ORDINANCE PROVIDING FOR PENALTIES AND REVOCATION OF MY (OUR) LICENSE FOR MAKING FRAUDULENT STATEMENTS IN THIS APPLICATION.

I (WE) DO HEREBY CERTIFY THAT ALL PERSONAL PROPERTY TAXES HAVE BEEN PAID WHICH ARE DUE AND PAYABLE TO THE TOWN OF WILLIAMSTON, SC OF THIS DATE AND THAT THE BUSINESS NAME IS THE SAME AS REPORTED ON MY SOUTH CAROLINA INCOME TAX RETURN.

_____ _____ _____

Signature Title Date