

APPLICATION FOR BUSINESS LICENSE FOR CALENDAR YEAR 2022
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.

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 _____	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** \$ **130.00**

(B) TAX ON EXCESS AT \$ **1.30** PER \$ **1,000.00 FOR THE NEXT \$9999999999** \$ _____

(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 5% of the amount due for each month or portion of month after April 30. _____ \$ _____

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

_____ Signature _____ Title _____ Date _____