

# APPLICATION FOR BUSINESS LICENSE FOR CALENDAR YEAR 2023

## INSIDE CITY LIMITS

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



PENALTY                      May 1, 2023

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.  
 Business License is contingent upon approval by Planning/Zoning and Permitting.

NAICS CODE _____ BUS NAME _____ OWNER/OFFICER _____ MAILING ADDRESS _____ CITY/STATE/ZIP _____ TELEPHONE _____ BUSINESS LOCATION _____ DESCRIPTION OF BUSINESS _____ EMAIL _____ * LOCATION CODE _____ SC RESIDENTIAL BLDRS # _____ BONDING COMPANY _____	SIC CODE _____ NEW BUSINESS _____ RENEWAL _____ CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL _____ FEDERAL ID # _____ SOUTH CAROLINA TAX # _____ SOCIAL SECURITY # _____ HEALTH PERMIT _____ <b>FIRE INSPECTION</b> Circle One <b>YES</b> <b>NO</b> <b>NA</b> * LICENSE _____ * DATE OF APPLICATION _____ * OFFICE USE ONLY _____
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GROSS INCOME FOR PRECEDING CALENDAR OR FISCAL YEAR _____	(REQUIRED FOR RENEWAL)	\$ _____
(A) BASE TAX <b>FIRST \$2,000.00</b> _____		\$ <b>65.00</b>
(B) TAX ON EXCESS AT \$ <u>  .65  </u> PER \$ <u>  1,000.00  </u> FOR THE NEXT \$99999999999 _____		\$ _____
(C) TAX ON EXCESS AT \$ _____ PER \$ _____ _____		\$ _____
<b>SUBTOTAL OF LICENSE FEE DUE</b> _____		\$ _____
(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 every month or portion of month after April 30. _____		\$ _____
(E) ANDERSON COUNTY SOLID WASTE FEE (COLLECTED PER ANDERSON COUNTY) _____		<b>82.49</b>
<b>TOTAL LICENSE FEE DUE</b> _____		\$ _____

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