

APPLICATION FOR BUSINESS LICENSE FOR CALENDAR YEAR 2023

OUTSIDE CITY LIMITS

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



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 _____ WORK SITE 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 _____ FIRE INSPECTION Circle One: YES NO NA * LICENSE _____ * DATE OF APPLICATION _____ * 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 \$ <u>1.30</u> PER \$ <u>1,000.00 FOR THE NEXT \$9999999999</u>		\$	
(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
-----------	-------	------