

APPLICATION FOR ONE DAY BUSINESS LICENSE VALID FOR ONE DAY ONLY

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



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.

NAICS CODE _____ NAME _____ OWNER/OFFICER _____ MAILING ADDRESS _____ CITY/STATE/ZIP _____ TELEPHONE _____ BUSINESS LOCATION _____ DESCRIPTION OF BUSINESS _____ EMAIL ADDRESS _____ * 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 _____
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Business Type:

ONE DAY BUSINESS LICENSE

License Fee:

\$ 20.00

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