APPLICATION FOR BUSINESS LICENSE FOR CALENDAR YEAR 2025 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	SIC CODE
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
(B) TAX ON EXCESS AT \$ PER \$1,000.00 FOR THE (C) TAX ON EXCESS AT \$ PER \$ SUBTOTAL OF LICENSE FEE DUE	
(D) PENALTY: For non-payment of all or any part of the correct licer collect a late penalty of 5% of the amount due for each month or porti	nse fee, the License Inspector shall levy and on of month after April 30 \$
AND CORRECT, AND THAT I HAVE MADE NO DEDUCTION FOR "DRO COUNTY DELIVERIES", OR OTHERWISE, AND THAT I AM FAMILIAR V MY (OUR) LICENSE FOR MAKING FRAUDULENT STATEMENTS IN TH	
I (WE) DO HEREBY CERTIFY THAT ALL PERSONAL PROPERTY TAXE. WILLIAMSTON, SC OF THIS DATE AND THAT THE BUSINESS NAME I	S HAVE BEEN PAID WHICH ARE DUE AND PAYABLE TO THE TOWN OF THE SAME AS REPORTED ON MY SOUTH CAROLINA INCOME TAX RET