

APPLICATION FOR BUSINESS LICENSE FOR CALENDAR YEAR 2026

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	

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 \$99999999999 \$

(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 RETURN.

Signature

Title

Date