Print Form

City of Charleston, South Carolina

LICENSE NUMBER _____

APPLICATION FOR BUSINESS LICENSE

License fees are due on or before January 31, annually. A penalty of five (5%) percent of the unpaid fee is assessed beginning Febuary 1 and, an additional (25%) beginning March 1, and (5%) per month thereafter until a penalty of (55%) accrues.

LICENSE FEE _____

☐ _____

TOTAL DUE _____

AMOUNT PAID _____

IF INFORMATION LISTED IN HEADING IS CORRECT, CHECK HERE ☐ IF NOT, PLEASE CORRECT AS NECESSARY. FOR RENEWAL OF LICENSE, VERIFY ALL INFORMATION LISTED AND THEN COMPLETE APPLICATION AS REQUIRED. ALL ITEMS MUST BE COMPLETED TO AVOID DELAY IN PROCESSING APPLICATION.

DATE OF ISSUE		
MO.	DAY	YEAR

Business Address

— CLASS —

THIS APPLICATION IS FOR:

☐ NEW BUSINESS BEGINNING
☐ LICENSE RENEWAL ☐ CORPORATION
☐ OWNERSHIP CHANGE ☐ PARTNERSHIP ☐ LOCATION CHANGE ☐ INDIVIDUAL

PLEASE REFER TO ORDINANCE FOR INSTRUCTIONS

A Total gross Receipts for preceding calendar year ending December 31, 20 or for last preceding fiscal year period. _____

B From _____ To _____ _____

ALLOWABLE ORDINANCE DEDUCTIONS (Itemize on a separate sheet and attach hereto) _____

C SALES FOR LICENSE PURPOSES (SEE SECTION 2D) _____

Job Address

_____

D PLEASE PUT SOUTH CAROLINA TAX COMMISSION RETAIL NUMBER HERE IF APPLIABLE. FAILURE TO DO SO WILL REQUIRE RETURNING APPLICATION WITH POSSIBLE PENALTY.

_____

RATE SCHEDULE

_____

E SOCIAL SECURITY NO. OR FED. IDENTIFICATION NO.

_____

CERTIFICATION OF APPLICANT

I (WE) DO HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE. THAT THE GROSS INCOME IS ACCURATELY REPORTED, OR ESTIMATED FOR A NEW BUSINESS, WITHOUT ANY UNAUTHORIZED DEDUCTIONS, AND THAT ALL ASSESSMENTS AND PERSONAL PROPERTY TAXES DUE AND PAYABLE TO THE CITY HAVE BEEN PAID. I AGREE THAT ALL ORDINANCES RELATING TO BUILDING, ELECTRICAL, PLUMBING, FIRE, AND ZONING CODES MUST BE COMPLIED WITH BEFORE THIS LICENSE CAN BE ISSUED AND FOR THE DURATION OF THE LICENSE.

SIGNATURE OF APPLICANT _____ PRINT NAME _____

DATE _____ TITLE _____ PHONE NUMBER _____

COMPLETE AND RETURN BOTH COPIES OF APPLICATION TO CITY OF CHARLESTON REVENUE COLLECTIONS DIV. P.O. BOX 22009 CHARLESTON, SC 29413-2009. IF YOU HAVE QUESTIONS CALL 843-724-3711. IF YOUR BUSINESS CLOSED BEFORE THE END OF 2012 PLEASE, CONTACT OUR OFFICE.