



City of Charleston, South Carolina

Application for Business License Payment

BUSINESS LICENSE NUMBER _____

OFFICE USE ONLY		
Date of Issue		
Mo.	Day	Year

License Fee _____

Penalty % _____

Total Due _____
Amount _____

Paid _____

All payments for business license renewals, except for payments made online, must be accompanied by a signed and completed Application for Business License Payment.

You may access your account and renew online at <http://charleston-sc.gov/cap>.

Business Address

THIS APPLICATION IS FOR:

- New Business
 License Renewal
 Corporation
 Ownership Change
 Partnership
 Location Change
 Individual

THIS BUSINESS IS A:
 Corporation
 LLC
 Partnership
 Individual

PLEASE REFER TO ORDINANCE FOR INSTRUCTIONS	
A.	Total gross Receipts for preceding calendar year ending December 31, 2017 or for last preceding fiscal year period. From _____ to _____
B.	ALLOWABLE ORDINANCE DEDUCTIONS (Itemize on a separate sheet and attach hereto)
C.	SALES INCOME FOR LICENSE PURPOSE (SEE SECTION 2D)

SOUTH CAROLINA RETAIL SALES TAX NUMER (IF APPLICABLE) _____

FEDERAL IDENTIFICATION NUMBER: _____

Job Address (if different than Business Address)

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 DEDUCTION, 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 two 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 busi-ness closed before the end of 2018, please contact our office.