

**APPLICATION FOR BUSINESS LICENSE FOR RENTAL PROPERTY**  
**CALENDAR YEAR 2017**

TOWN OF DUE WEST  
P.O. BOX 278, 103 MAIN ST.  
DUE WEST, SC 29639  
PHONE: 864/379-2385  
FAX: 864/379-2883

**\*\*\*\*\*AVOID PENALTY\*\*\*\*\***

This application must be completed & returned  
with full payment on or before 4/30/2017.

Name of Business: \_\_\_\_\_  
*Please Print*

Owner's Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Tax ID # (FEID or SS #): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Office/Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact(s): \_\_\_\_\_

Ownership Type:  Sole Proprietor  Partnership  
 Corporation  LLC

**NAICS Classifications:** (Check all that apply)

Residential (531110)

Commercial (531120)

Mobile Home (531190)

Property Manager (531311)

Rental Property Address	# of Units	Residential or Commercial	Annual GROSS Income	Tenant(Commercial Only)
<i>Continuation Sheet Attached</i>				

\$\_\_\_\_\_ **GROSS RECEIPTS (January 1, 2016 through December 31, 2016)**

*Definition of Gross: "Gross income" means the total income of a business, received or accrued, for one calendar year collected or to be collected from business done within the Town. New businesses should list their projected gross revenue from the business start date through December 31st.*

- I (We) do hereby certify under oath that:
- the above information given in this license application is true and correct;
  - that the gross income is accurately reported, or estimated for a new business, without any unauthorized deduction;
  - that all businesses may be subject to income verification; and
  - that all other monies due and payable to the Town of Due West have been paid.

I understand that this license may be denied, suspended or revoked, in addition to other penalties, for making false or fraudulent statements in this application. It is unlawful for any person to make a false application for a business license, or to give or file, or direct the giving or filing of any false information.

\_\_\_\_\_  
 Signature Print Name and Title Date

*Calculation of license based on Rate Class* \_\_\_\_\_

	<u>RATE</u>	<u>TOTAL</u>
For Gross Receipts not exceeding \$2,000 (Base Rate)	_____	_____
On each additional \$1,000 or fraction thereof up to \$1,000,000	_____	_____
5% Penalty Per Month (After 4/30/17)	_____	_____
<b>TOTAL FEE DUE</b>		_____

**Call Town Hall at 864/379-2385 for help calculating the fee.** Fractions of thousands are not used; round up the gross to the next thousand.

