

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

2017 CONTRACTOR'S APPLICATION FOR BUSINESS LICENSE

Name of Business: _____

Doing Business As: _____

Your Name: _____

Mailing Address: _____

Type of Business:
 Individual _____
 Partnership _____
 Corporation _____
 LLC _____

Phone: _____ Cell: _____ FAX# _____

Tax ID# (FEIN or SS#): _____ State License/Tax #: _____ License/Permit # _____

Business Description: _____ NAICS# _____ Rate Class _____

Business Owner: _____

Location of this job: _____

Description of job: _____
 One Time Job _____ **OR** Yearly _____ (January 1-December 31, 2017)

\$ _____ Total Amount of Contract For This Job

I hereby certify that the gross revenue and all information reported above is true and correct, subject to penalties and license revocation for making false or fraudulent statements on this application as stated in the Town of Due West's Business License Ordinance #04-2016.

Signature **Title** **Date**

<i>Calculation of license based on Rate Class _____</i>	RATE	TOTAL
For Gross Receipts not exceeding \$2,000 (Base Rate)	_____	_____
On each additional \$1,000 or fraction thereof up to \$1,000,000	_____	_____
On each additional \$1,000 or fraction thereof above \$1,000,000 up to \$2,000,000	_____	_____
5% Penalty Per Month		_____
	TOTAL FEE DUE	=====

***PLEASE NOTE:**
 Contractors are required to renew their business license for each additional project . Additional projects in a calendar year are only subject to the \$ _____ per thousand for the gross receipts of the project.