

APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2021

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 4/30/2021.

Please Mark Applicable Type of Business:

- Business with a Store/Office **Inside** Town Limits Business with a Store/Office **Outside** Town Limits
 (Only report revenue acquired inside the Town)

Application Type (Check all that apply): New Business Renewal Ownership/Location Change Home-Based/Internet Business

Business Name: _____ *Please Print* Ownership Type: Sole Proprietor Partnership
 Corporation LLC

Doing Business As: _____ Business Owner: _____

Location of Business: _____ Tax ID# (FEIN or SSN): _____

Mailing Address: _____ State Retail License #: _____

City, St., Zip: _____ Other License #: _____

Business Phone: _____ Cell: _____ Accountant's Name: _____

Email: _____ FAX#: _____ Accountant's Phone: _____

Business Description: _____ Landlord's Name: _____

Does the business rent or consign booths (barbers, antiques, etc.)? Yes No Landlord's Address: _____
 If "Yes", how many booths? _____ Landlord's Phone: _____

NAICS#: _____

\$ _____ **GROSS RECEIPTS (January 1, 2020 through December 31, 2020)**

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

| <i>Calculation of license based on Rate Class _____</i> | <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 | _____ | _____ |
| On each additional \$1,000 or fraction thereof above \$1,000,000 up to \$2,000,000 | _____ | _____ |
| On each additional \$1,000 or fraction thereof above \$2,000,000 up to \$3,000,000 | _____ | _____ |
| On each additional \$1,000 or fraction thereof above \$3,000,000 up to \$4,000,000 | _____ | _____ |
| On each additional \$1,000 or fraction thereof above \$4,000,000 | _____ | _____ |
| 5% Penalty Per Month (After 4/30/21) | _____ | _____ |
| TOTAL FEE DUE | | _____ |

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. A declining rate is used for gross amounts above \$1,000,000.

