

APPLICATION FOR
BUSINESS OR PROFESSIONAL LICENSE

Return Application to:
Town of Estill
P.O. Box 415
Estill, S.C. 29918

In order to insure proper credit to your account, you must return this application. Please verify all information listed, then complete this application as required.

NEW BUSINESS FOR CALENDAR YEAR 20__

THIS APPLICATION IS FOR: _____ Corporation;
_____ Co-Partnership; _____ Single Owner

BUS NAME _____
MAILING ADDRESS _____
CITY/STATE/ZIP _____
BUSINESS LOCATIONS _____
FEDERAL ID# _____
SSN # _____
STATE RETAIL # _____
SC RESIDENTIAL BLDRS # _____
BONDING COMPANY _____

BUS TYPE _____
LOCATION CODE _____
RATE CODE _____
ZONE CODE _____
TELEPHONE NO. _____
LICENSE # _____
DATE OF APPLICATION _____
OWNER NAME _____

(A) GROSS RECEIPTS AS REPORTED TO THE S.C. TAX COMMISSION _____ \$ _____
(B) BASE TAX _____
(C) TAX ON EXCESS AT \$ _____ PER \$ _____
(D) TAX ON EXCESS AT \$ _____ PER \$ _____
(E) TAX ON EXCESS AT \$ _____ PER \$ _____
(F) PENALTY (5% APRIL 1) _____
 (5% MAY 1) _____
 (5% JUNE 1) _____
(G) TOTAL LICENSE FEE DUE BY MARCH 31st _____

I (WE) DO HEREBY CERTIFY THAT THE AMOUNT RETURNED AS TOTAL GROSS FROM BUSINESS OR PROFESSION AS REPORTED HEREIN IS TRUE AND CORRECT, AND THAT I HAVE MADE NO DEDUCTION FOR "DROP SHIPMENTS", "SALES TO GOVERNMENT AGENCIES", "OUT OF CITY OR COUNTY DELIVERIES", OR OTHERWISE, AND THAT I AM FAMILIAR WITH TOWN ORDINANCE PROVIDING FOR PENALTIES AND REVOCATION OF MY (OUR) LICENSE FOR MAKING FALSE OR FRAUDULENT STATEMENTS IN THIS APPLICATION.

I (WE) DO HEREBY CERTIFY THAT ALL PERSONAL PROPERTY TAXES HAVE BEEN PAID WHICH ARE DUE AND PAYABLE TO THE TOWN OF ESTILL AS OF THIS DATE AND THAT THE BUSINESS NAME REPORTED ON MY SOUTH CAROLINA INCOME TAX RETURN.

signature

title

date