TOWN OF SOUTH CONGAREE

ANNUAL BUSINESS LICENSE APPLICATION

119 West Berry Rd., West Columbia, SC 29172
Telephone Number: 803-755-2760 Fax Number: 803-755-0456

-PLEASE PRINT-

Name of Business: _____

Type of Business: _____

Owner: _____**Phone:**_____

Business Address: _____

City: _____**State:**_____**Zip Code:**_____

New License: _____ **Renewal:** _____ **State/Specialty License #:**_____

1. Base Fee on Gross Revenue for first $2,000.00 **OR** first time Business License Fee: $_____$80.00
2. Enter prior Year Gross Income Generated in the Town of South Congaree only and enter here: $_____
3. Subtract $2,000.00 from the amount shown on Line 2 and enter sum here: $_____
4. Divide amount shown on Line 3 by 1,000 and enter sum here: $_____
5. Multiply Line 4 by $3.00 and enter the sum here: >>>>>>>>>>>>>>>>>>>>>>> $_____
6. Add Line 1 and Line 5 to calculate the total Business License Fee due and enter here >>>>>>> $_____

CERTIFICATION

It (we) do hereby certify that the above information and amount returned as gross income is true and correct and that I (we) have made no deductions except income on which I (we) have paid for a business license tax to another city or county for which I (we) have proof of payment. I am familiar with the penalty provisions of this ordinance and the grounds for revocation of the license, including making false or fraudulent statements on this application. I certify that all business personal property taxes due and payable to the city/county have been paid and that the above name is the same as reported on documents filed with the state and federal governments. I understand that my business income returns, and other documents may be inspected to verify gross income or other business data.

_____ _____

Applicant's Signature Date

OFFICE USE ONLY

Application received by: Mail _____ Walk-in _____ Processed by: _____

Total Amount of Payment: $_____

Type of Payment: ☐Cash ☐Money Order _____ ☐Check _____ ☐Credit Card _____