

APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2010

CITY OF LIBERTY

PO BOX 716
 LIBERTY, SC 29657-0716
 PHONE: 864-843-3177 EXT 4
 FAX: 864-843-9400

This Application with remittance in full must be completed and returned with full payment on or before 6/1/2010
 If no longer in business, please so indicate and return the application.

BUSINESS NAME AND MAILING ADDRESS EMERGENCY CONTACT NAME AND ADDRESS

NAME: ADDRESS: ADDRESS 2: CITY, ST., ZIP: PHONE: LOCATION: BUSINESS CLASS: BUSINESS DESC: RESP. PERSON: ACCOUNTANT NAME: BONDING COMPANY: BOND NUMBER: OTHER LICENSE #	_____ _____ _____ TAX ID NUMBER: _____ OWNERSHIP TYPE: _____ (Corp., Individual, Partnership, Etc.) OFFICE USE ONLY: CODE: RESIDENT: RENEW: _____ FA L: _____ _____ _____
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CALCULATION OF LICENSE FEE:	<u>LICENSE FEE</u>
GROSS RECEIPTS \$ _____	_____
(See rate schedule below)	
Late Payment Penalty	
Total Payment	

A tax schedule C or, for corporations: Form 1120 must be submitted with application for proof of gross receipts before a Business License can be issued. If the gross receipts contain income from other municipalities, that must be broken down by your accountant to show the City of Liberty gross income or otherwise the Business License will be calculated on the total gross income as shown on the schedule C.

_____	_____	_____
Signature	Title	Date

<i>Calculation of license fee based on rate schedule</i>	<u>RATE</u>	<u>TOTAL FEE</u>
For Gross Receipts not exceeding \$0	\$0.000000	
On each additional \$0 or fraction thereof between \$0 and \$0	\$0.000000	

PLEASE NOTE:

