

6/1/2011

APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2012

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 **6/1/2012**
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 _____
BUSINESS DESC: _____
RESP. PERSON: _____
ACCOUNTANT _____
BONDING _____
BOND NUMBER: _____
OTHER LICENSE _____

TAX ID _____
OWNERSHIP TYPE: _____
(Corp., Individual, Partnership, Etc.)

OFFICE USE ONLY:	
CODE:	
RESIDENT:	
RENEW:	FAL:

CALCULATION OF LICENSE FEE:

LICENSE FEE

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

Calculation of license fee based on rate schedule

RATE

TOTAL FEE

For Gross Receipts not exceeding \$0

\$0.000000

On each additional \$0 or fraction thereof between \$0 and \$0

\$0.000000

PLEASE NOTE: