

APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2016

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 **6/4/2016**
 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.)
 E-VERIFY ID: _____

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

	<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: