

APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2018

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 2/1/2018

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: | TAX ID NUMBER _____ |
| BUSINESS CLASS: | OWNERSHIP TYPE: _____ |
| BUSINESS DESC: | (Corp., Individual, Partnership Etc.) |
| RESP. PERSON: | OFFICE USE ONLY: _____ FAL: _____ |
| ACCOUNTANT NAME: | CODE: _____ |
| BONDING COMPANY: | RESIDENT: _____ |
| BONDNUMBER: | RENEW: _____ |
| OTHER LICENSE # | |

| | |
|------------------------------------|--------------------|
| 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: