

APPLICATION FOR BUSINESS LICENSE

CITY OF LIBERTY
 PO BOX 716
 LIBERTY, SC 29657-0716 PHONE:
 864-843-3177 Option8
 FAX: 864-843-9400

This Application with remittance in full must be completed and returned to City Hall.

If no longer in business, please 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: