

APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2020

CITY OF LIBERTY
 206 WEST FRONT ST.
 P.O. BOX 716
 LIBERTY, SC 29657

Phone: 864-843-3177, option 8
 Email: kharding@libertysc.com
 Website: libertysc.com/business-license

Please Print **BUSINESS NAME AND MAILING ADDRESS**
 RESP. PERSON: _____
 BUSINESS NAME: _____
 ADDRESS: _____
 ADDRESS 2: _____
 CITY, ST., ZIP: _____
 PHONE: _____
 EMAIL: _____
 NAICS CLASS: _____
 BUSINESS DESCRIPTION: _____
 ACCOUNTANT NAME: _____
 FED TAX ID or S.S. NUMBER: _____
 OWNERSHIP TYPE: Individual LLC Corp Partner
 SALES TAX NUMBER: _____
 STATE LICENSE NUMBER: _____

CONTRACTOR PER JOB LICENSE

LOCATION OF JOBSITE (if different than mailing):

GENERAL CONTRACTORS:
If you have subcontractors working for you, please complete associated form. All subcontractors must obtain a business license.

GENERAL CONTRACTOR (NAME, PHONE, EMAIL):

A BUSINESS LICENSE MUST BE ISSUED BEFORE ANY WORK BEGINS.

GROSS AMOUNT \$ _____ New _____ Renewal _____ Update _____

I certify that all the information stated above is true and accurate to the best of my knowledge and belief. I understand that the City Code provides for penalties and license revocation for making false or fraudulent statements on this application.

 Print Name

 Title

 Signature

 Date

<i>Calculation of license based on rate class</i> _____	<u>RATE</u>	<u>TOTAL</u>
For Gross Amount not exceeding \$2,000 (Base Rate)	_____	_____
On each additional \$1,000 or fraction thereof up to \$1,000,000	_____	_____
On each additional \$1,000 or fraction thereof above \$1,000,000 up to \$2,000,000	_____	_____
On each additional \$1,000 or fraction thereof above \$2,000,000 up to \$3,000,000	_____	_____
On each additional \$1,000 or fraction thereof above \$3,000,000 up to \$4,000,000	_____	_____
On each additional \$1,000 or fraction thereof above \$4,000,000 up to \$9,999,999,999	_____	_____

TOTAL PAYMENT DUE _____

MASTERCARD/VISA/DISCOVER ACCEPTED