

**APPLICATION FOR BUSINESS LICENSE**

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

**A BUSINESS LICENSE MUST BE  
ISSUED BEFORE ANY WORK BEGINS.**

Phone: 864-843-3177, option 1  
Email: bchapman@libertysc.com  
Website: libertysc.com/business-license

MASTERCARD/VISA/DISCOVER ACCEPTED

*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): _____ _____ _____
<p><b><u>GENERAL CONTRACTORS:</u></b>  <i>If you have subcontractors working for you, please complete associated form. All subcontractors must obtain a business license.</i></p> GENERAL CONTRACTOR (NAME, PHONE, EMAIL): _____ _____ _____
PROJECT BEGIN DATE: _____ PROJECT PROJECTED END DATE: _____

GROSS AMOUNT \$ \_\_\_\_\_ (ROUND TO NEXT THOUSAND)      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	_____	_____
<b>PENALTY</b>	_____	
<b>TOTAL PAYMENT DUE</b>		_____

Date Received: \_\_\_\_\_

Business License Office Signature: \_\_\_\_\_