

APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR
2023 (Valid for 5/1/2023 - 4/30/2024)

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 4
Email: chorton@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):

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):

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

Calculation of license based on rate class _____	<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	_____	_____
	PENALTY	_____
	TOTAL PAYMENT DUE	_____

Date Received: _____

Business License Office Signature: _____