

APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2022

(Valid for 5/1/2022 - 4/30/2023)

**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

<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	_____	_____
PENALTY	_____	_____
TOTAL PAYMENT DUE	_____	_____

Date Received: _____

Business License Office Signature: _____