

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

CITY OF LIBERTY
119 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: business.license@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 sub-
contractors 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

Signature

Title

Date

Calculation of license based on rate class _____

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

RATE

TOTAL

PENALTY

TOTAL PAYMENT DUE

Date Received: _____

Business License Office Signature: _____