

**APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR  
2024 (Valid for 5/1/2024 - 4/30/2025)**

**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 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> _____	<b><u>RATE</u></b>	<b><u>TOTAL</u></b>
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: \_\_\_\_\_