

TOWN OF KINGSTREE

BUSINESS LICENSE APPLICATION

BUSINESS INFORMATION

Business Name:		Type Organization:	Date of application:
Name shown to Public:		<input type="checkbox"/> Sole proprietorship	
Contact Person, Title:		<input type="checkbox"/> Partnership	
Mailing Address City, State ZIP Code		<input type="checkbox"/> Corporation <input type="checkbox"/> Other, LLC, LLP, LP <small>Articles of Organization/Incorporation may be required</small>	
Physical Address City, State ZIP Code		Building Type:	<input type="checkbox"/> Store <input type="checkbox"/> Office <input type="checkbox"/> Residence <input type="checkbox"/> Warehouse <input type="checkbox"/> Other
Tax Parcel ID:		Location of Business:	<input type="checkbox"/> Outside Town of Kingstree <input type="checkbox"/> Inside Town of Kingstree
Contact phone:		Number of Employees:	1
Alternate phone:		FED #	
Fax:		State Retail Sales #:	
Email:		NAICS/SIC/Other Code:	
Type of Business:	<input type="checkbox"/> Retail <input type="checkbox"/> Peddler <input type="checkbox"/> Home Occupation <input type="checkbox"/> Warehouse <input type="checkbox"/> Other	Business Description:	
Gross Revenues from proceeding calendar or fiscal year:		Less income paid to another city/county:	\$
Gross Revenues Est. (If New Business)		Balance of Gross Revenue Subject to License Tax:	\$

OWNER, PARTNER, OR PRINCIPAL(S) INFORMATION

Owner or Principal(s) Name(s), and Title(s):		Emergency Contact Person:	
Mailing address:		SSN #:	
Work phone:		Driver License # State Issued:	
Cell phone:		Master/Specialty License # Expiration Date:	
E-mail:		E-Verify ID:	

JOB/PROJECT INFORMATION

Project Start Date:		Estimate End Date:	
Project Location:		Project Tax parcel #:	
Project Type:	<input type="checkbox"/> New Construction <input type="checkbox"/> Renovation	Other:	
General Contractor Name:		State Contractor # Exp. Date:	
Job Contact Name:		Phone:	
Sub-Contractors:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Permit Application:	<input type="checkbox"/> Yes <input type="checkbox"/> No

CODE CLEARANCE

Zoning Compliance/Division:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Zoning Administrator:
Inspection Compliance/Division:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Building Official:
Fire Compliance/Division:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Fire Chief / Fire Marshal:
DHEC Compliance:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	DHEC Official(s):
Water & Sewer Services Established:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Water Department:
Garbage Services Established:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Water Department:
Written Permission from Property Owner or Deed/Lease Agreement Submitted:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Building Official:
Sign Permit Application:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	ARB Approval: Core Commercial District
Property Insurance Company	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurer Company:

OTHER INFORMATION

<input type="checkbox"/> Yes <input type="checkbox"/> No	Buying an existing business? <i>If yes, purchased business name:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Business leasing space to another business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Mail business license renewals to mailing address listed in the business information section on the previous page? <i>If not, corporate address:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Change of building use?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Erecting a new sign?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Home occupation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Independent contractors (Form 1099)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Leasing property? <i>If yes, landlord name and address:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Restrictive Covenants? <i>If yes, provide copy:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you sell food or beverages that are prepared and/or consumed on your premises?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Completed Hospitality/Accommodations Tax form?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Contacted Grease Container Company? <i>If yes, name of company:</i>

AGREEMENT

1. I hereby certify that all information provided is true and correct to the best of my knowledge and that the gross revenue is accurately reported or estimates for a new business without any unauthorized deduction.
2. I certify that assessments, delinquencies and business and personal property taxes due to the Town of Kingstree are fully paid, and that the above business name is the same reported on documents filed with the state and federal governments.
3. I understand that providing false or fraudulent information may result in penalties, business license revocation and/or prosecution to the fullest extent possible.
4. I am aware of and understand the jurisdiction's requirements and codes, and the issuance of a business license is contingent upon strict and consistent compliance with all of the Town of Kingstree's requirements.
5. I understand that failure to comply with these requirements may result in business license revocation as well as other compliance or legal efforts.
6. I understand that my business income tax returns and other documents may be inspected to verify gross income or other business data.
7. I also understand and authorize the Town of Kingstree and its agents to utilize all information on this application to ensure that all other federal, state, and local laws are complied with.

SIGNATURES

Signature	Signature
Name and Title	Name and Title
Date	Date

FOR OFFICE USE ONLY

<input type="checkbox"/> Yes <input type="checkbox"/> No		Approved by all necessary departments?	
Comments: installation,			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Approved? If yes, date:	
Business License #:		Rate Class:	
Rate Base Rate:	\$	Every \$1,000 after:	\$
Amount Due Fee:	\$	Penalties:	\$
Total Amount Paid:	\$	Date Paid:	
Staff Name:		Date:	
Staff Signature:			

Town of Kingstree
Business License Department
401 North Longstreet Street
Kingstree, South Carolina 29556
Phone: (843) 355-7484
Fax: (843) 355-3004