

Town of Kingstree
Business License Application

Business Name: _____

Physical Address of Business: _____

Mailing Address of Business: _____

Type of Business: _____ S.C. Retail Tax Number: _____

Federal I D Number: _____

Application for: New Renewal Going Out of Business - Date: _____

Ownership: Corporation Partnership Individual Number of Employees _____

Name of Owner, partner, or principal: _____

Address of Owner: _____

Telephone Number: (Local) _____ (Home) _____ (Emergency) _____

Fax Number: _____ E-Mail Address: _____

Licenses Applicable (Mechanical, Electric, Gas, Exterminator, Contractor, etc.)

Name: _____ License Number: _____

Expiration Date: _____

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Gross income for preceding calendar or fiscal year \$ _____

Less income on which a license tax was paid to another city or county for operations outside the Town of Kingstree \$ _____

Balance of gross income subject to license tax \$ _____

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Certification

I (we) do hereby certify that the above information and amount returned as gross income from my business is true and correct, and that I have made no deductions except income on which I have paid a business license tax to another city or county, for which I have proof of payment. I am familiar with the penalty provisions of the ordinance and the grounds for revocation of the license, including making false or fraudulent statements in this application. I certify that all business and personal property taxes due and payable to the Town of Kingstree have been paid, and that the above business name is the same reported on documents filed with the state and federal governments. I understand that my business income tax returns and other documents may be inspected to verify gross income or other business data.

Signature Title Date