



## PO Box 66 Aynor SC 29511

Phone 843\*358\*6231 Fax 843\*358\*0754

Business License Renewal Applicat	tion for Business Year2018	Due on or before March 31
usiness Name:		
hysical Address:		
Nailing Address:		
iity:	State:	Zip:
orporation Sole Proprietor	Partnership	LLC
esident Business Non-Resi	ident Business	
ype of Business:		
S#		
ed ID#	RATE CLASS:	
C Contractor's License #	SC State Retail Lic	cense #
EE Calculation:		
<ol> <li>Gross Income as reported to the IRS (red).</li> <li>Minus: Income reported to another cities.</li> <li>Balance of gross income subject to lice.</li> <li>A. Subtract base amount.</li> <li>Balance.</li> <li>Divide by 1,000.</li> <li>Multiply by (rate per thousand).</li> <li>Balance.</li> <li>Add minimum fee.</li> </ol>	y where license obtained	
OTAL License Tax		
Penalty (5% per month late)		
otal License Tax and Penalty		
orm of Payment: Cash Check _	Charge	

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 personal property taxes due and payable to the Town/County have been paid, and that the above business name is the same as 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