



# APPLICATION FOR BUSINESS LICENSE TOWN OF WILLISTON

Application and License Fee to be Filed and Paid by April 15  
Subject to Fines, Penalties, and/or Prosecution After May 15

STATE OF SOUTH CAROLINA

County of Barnwell

Date of Application: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ - \_\_\_\_\_

Do you rent this Business Location: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name and address of landlord: \_\_\_\_\_

\_\_\_\_\_

State Sales Tax #: \_\_\_\_\_

Federal EID or Social Security #: \_\_\_\_\_

SC State Contractor's License #: \_\_\_\_\_

Type of Business (please describe in detail): \_\_\_\_\_

\_\_\_\_\_

## TEMPORARY AND ONE TIME LICENSES

Project Name: \_\_\_\_\_

Dates of Work: \_\_\_\_\_ Contract Value: \$ \_\_\_\_\_

I do solemnly affirm that the statements made herein as to the total gross sales, receipts, premiums, commissions or other form of measureable return are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

### Receipts for Previous Calendar Year

Total Gross Receipts \$ \_\_\_\_\_

Less Base (Classes 1-7: \$2,000) (\$ \_\_\_\_\_)  
(Classes 8: \$5,000)

Balance \$ \_\_\_\_\_

### Fees

(To be filled in by Town Clerk/Treasurer)

Minimum Fee: \$ \_\_\_\_\_

Balance @ \$ \_\_\_\_\_ /\$1,0000 \$ \_\_\_\_\_

Sub Total \$ \_\_\_\_\_

Penalties: After April 15 5% \$ \_\_\_\_\_

After May 15 10% \$ \_\_\_\_\_

After June 15 15% \$ \_\_\_\_\_

After July 15, a \$500 fine and collection/court costs plus an additional 5% per month until paid

Total Fee: \$ \_\_\_\_\_

License Number Issued: \_\_\_\_\_