

# BUSINESS LICENSE APPLICATION

## TOWN OF WILLISTON

PO BOX 414  
WILLISTON, SC 29853

PHONE: 803-266-7015

EMAIL: [angela@williston-sc.com](mailto:angela@williston-sc.com)

YEAR 2019  
*Please type or print:*

Due Date: 5/1/19  
Penalty for failure to file and pay by: 5/15/19

Business Name	Business Location
Business Mailing Address	Acct # 000180
	Telephone Number(s)
	Fax Number
Business Description	Fed I.D. and/or SSN
	State Sales Tax Number
Identify additional lines of Business at this location if any:	State License Number (if applicable): attach copy
	Expiration Date

Complete the following for all owners / officers (attach additional sheets if necessary)

Name / Title \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Address \_\_\_\_\_

Name / Title \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Address \_\_\_\_\_

Type of Ownership	Type of Business	Key Contact Person
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> General	Name _____
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional	Title _____
<input type="checkbox"/> Corporation	<input type="checkbox"/> Contractor	Phone _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	Fax _____

(A) GROSS RECEIPTS AS REPORTED TO THE INTERNAL REVENUE SERVICE	_____	\$ _____
(B) GROSS ON WHICH LICENSE FEE WAS PAID TO ANOTHER CITY	_____	_____
(C) OTHER APPROVED DEDUCTIONS (LIST)	_____	_____
(D) NET GROSS INCOME	_____	_____
(E) BASE TAX FIRST \$2,000	_____	_____
(F) TAX ON EXCESS AT \$ _____ 0.00	PER \$ _____ 1,000.00	_____ 2,000
(G) TAX ON EXCESS AT \$ _____	PER \$ _____ 1,000.00	_____ 998,000
(H) TAX ON EXCESS AT \$ _____	PER \$ _____ 1,000.00	_____ 1,000,000

I (WE) DO HEREBY CERTIFY THAT THE AMOUNT RETURNED AS TOTAL GROSS FROM BUSINESS OR PROFESSION AS REPORTED HEREIN IS TRUE AND CORRECT, AND THAT I HAVE MADE NO DEDUCTION FOR "DROP SHIPMENTS", "SALES TO GOVERNMENT AGENCIES", "OUT OF CITY OR COUNTY DELIVERIES", OR OTHERWISE, AND THAT I AM FAMILIAR WITH CITY ORDINANCE PROVIDING FOR PENALTIES AND REVOCATION OF MY (OUR) LICENSE FOR MAKING FALSE OR FRAUDULENT STATEMENTS IN THIS APPLICATION.

I (WE) DO HEREBY CERTIFY THAT ALL PERSONAL PROPERTY TAXES HAVE BEEN PAID WHICH ARE DUE AND PAYABLE TO THE CITY/COUNTY AS OF THIS DATE AND THAT THE BUSINESS NAME IS THE SAME AS REPORTED ON MY STATE AND FEDERAL INCOME TAX RETURN.

signature

title

date

Business Type

NAICS #

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Address \_\_\_\_\_

Name / Title \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Address \_\_\_\_\_

<p style="text-align: center;">Type of Ownership</p> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	<p style="text-align: center;">Type of Business</p> <input type="checkbox"/> General <input type="checkbox"/> Professional <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____	<p style="text-align: center;">Key Contact Person</p> Name _____ Title _____ Phone _____ Fax _____
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(I) TAX ON EXCESS AT	\$ _____	PER \$	1,000.00	1,000,000	
(J) TAX ON EXCESS AT	\$ _____	PER \$	1,000.00	1,000,000	
(K) TAX ON EXCESS AT	\$ _____	PER \$	1,000.00	9,999,999,999	
(L) TOTAL LICENSE FEE DUE	_____				

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\_\_\_\_\_ signature \_\_\_\_\_ title \_\_\_\_\_ date

Business Type NAICS #