

BUSINESS LICENSE APPLICATION

TOWN OF WILLISTON

PO BOX 414
WILLISTON, SC 29853

PHONE: 803-266-7015

EMAIL: _____

YEAR 2021

Please type or print:

Due Date: May 1
Penalty for failure to file and pay by: May 15

Business Name Business Mailing Address Business Description 2 Identify additional lines of Business at this location if any:	Business Location Acct # Telephone Number(s) Fax Number Fed I.D. and/or SSN State Sales Tax Number State License Number (if applicable): attach copy Expiration Date
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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 <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	Type of Business <input type="checkbox"/> General <input type="checkbox"/> Professional <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____	Key Contact Person Name _____ Title _____ Phone _____ Fax _____
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(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 #