



BUSINESS LICENSE APPLICATION

TOWN OF WILLISTON
 P.O. Box 414
 Williston, Sc 29853

Phone: (803)- 266- 7015

Email: kjerkins@williston-sc.com

Year	Due Date: May 1 5% Penalty for failure to file and pay by: June 15
Business Name:	Acct #
Business Mailing Address:	Telephone Number: Fax: Email:
Business Location:	Fed I.D. and/ or SSN:
Business Description:	State Sales Tax number:
Identify additional information of the business:	State License Number (attach copy):

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. _____

Type of Ownership	Type of Business	Key Contact Person
Sole Proprietor	General	Name: _____
Partnership	Professional	Title: _____
Corporation	Contractor	Phone: _____
Other	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 \$ _____ Per \$ 1,000..... 2,000.....
- (G) Tax on excess at \$ _____ Per \$ 1,000..... 998,000.....
- (H) Tax on excess at \$ _____ Per \$ 1,000..... 1,000,000.....
- (I) Tax on excess at \$ _____ Per \$ 1,000..... 1,000,000.....

(J) Tax on excess at \$ _____ Per \$ 1,000.....9,999,999,999..... _____
(K) Late Penalties (if applicable): _____
(L) Total license fee due: _____

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 revocations 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
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For Office Use:

Business type: _____

NAICS#: _____

Rate: _____

Signature: _____

APPENDIX A: BUSINESS LICENSE RATE SCHEDULE

INCOME: \$0 - \$2,000 INCOME OVER \$2,000

RATE CLASS	BASE RATE	RATE PER \$1,000 OR FRACTION THEREOF		
		Inside	Inside	Outside
1	\$	35.00	\$ 1.00	\$ 2.00
2	\$	40.00	\$ 1.10	\$ 2.20
3	\$	45.00	\$ 1.20	\$ 2.40
4	\$	50.00	\$ 1.30	\$ 2.60
5	\$	55.00	\$ 1.40	\$ 2.80
6	\$	60.00	\$ 1.50	\$ 3.00
7	\$	65.00	\$ 1.60	\$ 3.20
8.1	\$	25.00	\$ 1.00	\$ 2.00
8.2	Set by state statute			
8.3	MASC Telecommunications			
8.4	MASC Insurance			
8.51	\$12.50 + \$12.50 per machine			
8.52	\$12.50 + \$180.00 per machine			
8.6	\$5.00 -OR- \$12.50 per table			
9.3	\$	125.00		

NON-RESIDENT RATES

Unless otherwise specifically provided, all taxes and rates shall be doubled for nonresidents and itinerants having no fixed principal place of business within the Municipality.

DECLINING RATES

Declining Rates apply in all Classes for gross income in excess of \$1,000,000, unless otherwise specifically provided for in this ordinance.

<u>Gross Income in \$ Millions</u>	<u>Percent of Class Rate for each additional \$1,000</u>
0 - 1	100%
1 - 2	90%
2 - 3	80%
3 - 4	70%
OVER 4	60%