Town of Saluda 100 South Jefferson Street, Saluda, SC 29138 864.445.3522 Fax 864.445.4928 www.townofsaluda.com clark@townofsaluda.com

TOWN OF SALUDA BUSINESS LICENSE APPLICATION

Office Use: License # _____

Date _____ _____ New _____Renewal

Business Name _____
(As reported on South Carolina Income Tax Return)

DBA _____

Nature/Type of Business _____

Business Phone _____

Location _____

_____

Mailing Address _____

_____

Owner's Name _____

Owner's mailing address _____

_____

Email Address for renewals _____

Provide the following numbers as applicable to your business:

Social Security # of Owner _____

Federal ID # (EIN) _____

Sales Tax # _____ Contractor's State License # _____

LICENSE FEE COMPUTATION Rate Class ____

Temporary and One-Time Licenses for Construction Purposes

Contract Value _____ *= line 1 below for computing fee*
Project Name _____
Project Address _____
Dates of Work _____

Total Prior Year's Gross Receipts
as shown on Tax Return $_____(1)
(Or One Year's Estimated Gross for New Business)

Less Base of $2000.00 - $ **2000.00** (2)

Balance $_____(3)
(line 1- line 2 = line 3)

Balance times Rate per Thousand, Rate Being $_____(4)

$_____(5)
(line 3 x line 4 = line 5)

Base Fee for first $2000.00 gross receipts $_____(6)

Total License Fee **$**_____**(7)**
(line 5 + line 6 = line 7)

**** **For delinquent renewals** ****

*When paid **after April 15**, there is a 5% penalty added to the license fee for the remainder of April; plus 5% each first of month after.* _____%

$_____ + $_____ = $_____
(% x line 7) *(line 7)* *(Delinquent License Fee)*

All information on this document is accurate and true to the best of my knowledge and belief and all assessments and personal property taxes on business property due and payable to the Town of Saluda have been paid.

Signature of Applicant: _____