TOWN OF FORT MILL

112 CONFEDERATE STREET
PO BOX 159
FORT MILL, SC 29716-0159
PHONE: 803-547-2034 EXT 261 FAX: 803-548-4722

APPLICATION FOR PRIVILEGE LICENSE FOR CALENDAR YEAR 2016

(MAKE SEPARATE APPLICATION FOR EACH BUSINESS TO BE LICENSED AT EACH LOCATION)

NAME OF APPLICANT (INDIVIDUAL OR FIRM)/MAILING ADDRESS:

NAME: _____

ADDRESS LINE 1: _____

ADDRESS LINE 2: _____

CITY/ST/ZIP: _____

PHONE: _____

ALL BUSINESSES ARE SUBJECT TO AUDIT AND VERIFICATION OF GROSS RECEIPTS BY EXAMINATION OF INCOME TAX RETURNS AND DOCUMENTS FILED WITH STATE AND FEDERAL GOVERNMENT AGENCIES.

FINANCIAL INFORMATION WILL REMAIN CONFIDENTIAL

DATE: _____

LOCATION: _____

BUSINESS CLASS: _____

BUSINESS DESC: _____

STATE LICENSE #: _____

ACCOUNT NO.: _____

TAX ID NUMBER: _____

OWNERSHIP TYPE: _____

PERSON RESPONSIBLE: _____

THE REQUIRED LICENSE FEE IS DUE AND PAYABLE 01/01/2016.

FOR RENEWAL, THE LICENSE FEE SHALL BE COMPUTED ON GROSS INCOME FOR THE PRECEEDING CALENDAR YEAR.

FOR A NEW BUSINESS, THE LICENSE FEE SHALL BE COMPUTED ON ESTIMATED PROBABLE GROSS INCOME FOR THE BALANCE OF THE LICENSE YEAR. MUST PROVIDE A REALISTIC ESTIMATE.

PENALTIES: FOR NON-PAYMENT OF ALL OR ANY PART OF THE CORRECT LICENSE FEE, A 5% LATE PENALTY SHALL BE ASSESSED FOR EACH MONTH OR PORTION THEREOF UNTIL PAID.

THIS IS APPLICATION FOR:

1. _____ NEW BUSINESS
2. _____ RENEWAL OF LICENSE
3. _____ CHANGE OF OWNERSHIP
4. _____ CHANGE OF LOCATION

1. _____ CORPORATION
2. _____ PARTNERSHIP
3. _____ INDIVIDUAL OWNERSHIP

*LICENSE FEES UNPAID AFTER 60 DAYS ARE SUBJECT TO LEGAL ACTION

CALCULATION OF LICENSE FEE:

GROSS RECEIPTS $_____

FOR FEE CALCULATION PLEASE FAX 803-548-4722 OR EMAIL: LELTING@FORTMILLSC.GOV PLEASE MAKE A COPY FOR YOUR RECORDS, AND PROMPTLY RETURN APPLICATION WITH PAYMENT SO LICENSE CAN BE ISSUED. IF NOT RENEWING, PLEASE NOTIFY TO AVOID PENALTIES.

OFFICE USE ONLY:

DATE ISSUED: _____

LICENSE FEE: _____

PENALTY _____

TOTAL: _____

CODE:

RESIDENT:

I (WE) DO HEREBY CERTIFY THAT THE AMOUNT AS TOTAL GROSS FROM MY BUSINESS OR PROFESSION AS REPORTED HEREIN IS TRUE AND CORRECT, AND THAT I AM FAMILIAR WITH THE TOWN ORDINANCE PROVIDED FOR PENALTIES AND REVOCATION OF MY 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 TOWN OF FORT MILL AS OF THIS DATE IF APPLICABLE.

_____ Signature

_____ Title

_____ Date