



TOWN OF FORT MILL
 200 TOM HALL STREET
 PO BOX 159
 FORT MILL, SC 29716-0159
 PHONE: 803-547-2034

APPLICATION FOR PRIVILEGE LICENSE FOR LICENSE YEAR 2023
 (MAY 1, 2023 – APRIL 30, 2024)

BUSINESS NAME: _____
 MAILING ADDRESS: _____

 PHYSICAL ADDRESS: _____

 PHONE: _____
 EMAIL: _____
 DATE: _____

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

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

LOCATION: _____
 BUSINESS CLASS: _____
 BUSINESS DESC: _____
 STATE LICENSE #: _____

ACCOUNT NO.: _____
 TAX ID NUMBER: _____
 OWNERSHIP TYPE: _____
 PERSON RESPONSIBLE: _____

THE REQUIRED LICENSE FEE IS DUE AND PAYABLE 04/30/2023 FOR LICENSE YEAR 2023 (MAY 1, 2023 – APRIL 30, 2024)

THIS IS APPLICATION FOR:

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

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

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.**

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

PENALTIES*, FOR NON-PAYMENT OF ALL OR ANY PART OF THE CORRECT LICENSE FEE, **STARTING 5/1/2023 A 5% LATE PENALTY SHALL BE ASSESSED FOR EACH MONTH OR PORTION THEREOF UNTIL PAID.**

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

CALCULATION OF LICENSE FEE:

GROSS RECEIPTS: \$ _____

FOR FEE CALCULATION PLEASE EMAIL:
businesslicense@fortmillsc.gov

OFFICE USE ONLY

DATE ISSUED: _____ CODE: _____
 LICENSE FEE: _____ RESIDENT: _____
 PENALTY: _____
 TOTAL: _____

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

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