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THE TOWN OF CHESTERFIELD
BUSINESS LICENSE RENEWAL APPLICATION

CUSTOMER NUMBER:
RATE CLASS: 8 8C

Corporation Sole Proprietor Partnership LLC
Location of Business if different than mail address:
Resident Business Non-Resident Business
Type of Business:
Location Phone #
Cell Phone #
Email Address:
SS # SS #
Federal ID#
SC Contractor's License #
SC State Retail License #

FOR LICENSE YEAR: 07/01/ - 06/30/

Table with 2 columns: Description and Amount. Rows include Gross Income, Minus Base Fee, Balance, Divide by 1000, Multiply by 1.40, and Multiply by (rate per \$1000.00).

Table with 2 columns: Description and Amount. Rows include Base Fee, Tax on excess (see #5), Tax on excess at (see #6), TOTAL LICENSE TAX, PENALTY - 5% per month of total tax, and TOTAL LICENSE TAX AND PENALTY DUE.

Renewal fees are due upon receipt. Penalties apply after July 31.

THE IRS HAS ISSUED A RULING THAT A COPY OF YOUR FEDERAL INCOME TAX RETURN BE REQUIRED TO BE ATTACHED TO YOUR BUSINESS LICENSE APPLICATION. YOU MAY DO SO, BUT YOU ARE NOT REQUIRED TO ATTACH YOUR FEDERAL RETURN UNLESS A SPECIFIC REQUEST IS MADE FOR AUDIT PURPOSES.

I (WE) DO HEREBY CERTIFY THAT THE AMOUNT RETURNED AS TOTAL GROSS FROM MY (OUR) BUSINESS OR PROFESSION AS REPORTED HEREIN IS TRUE AND CORRECT, AND THAT I AM FAMILIAR WITH THE CITY ORDINANCE PROVIDING FOR PENALTIES AND REVOCATION OF MY (OUR) LICENSE FOR MAKING FALSE 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 CHESTERFIELD AS OF THIS DATE AND THAT THE BUSINESS NAME IS THE SAME AS REPORTED ON MY SOUTH CAROLINA INCOME TAX RETURN.

Signature Title Date

Completed applications should be mailed to The Town of Chesterfield, Business License Department, P.O. Box 350, Chesterfield, SC 29709 or brought to our office located in Town, 112 Main Street, Chesterfield, SC. If you have questions concerning this application, please call us at 843-623-2131. Our FAX number is 843-623-2132. DO NOT MAIL CASH