APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2022

TOWN OF CENTRAL (864) 639-6381 EXT 106 P O BOX 549 CENTRAL, SC 29630



To Avoid Penalties:

This Application with remitance in full must be completed and returned with full payment on or before 5/1/2022

If no longer in business, please so indicate and return the application

	BUSINESS NAME AND MAILING ADDRESS	EMERGENCY CONTACT NAM	NE AND ADDRESS	
NAME:				
ADDRESS:		Web Hiller Hills		
ADDRESS 2:				
CITY, ST., ZIP:				
PHONE	50	AP AP IN LUMBA LASA.	APPINIONALAMANINA	
LOCATION:		TAX 1D NUMBER:	W 1004 .	
BUSINESS CLASS:		OWNERSHIP TYPE:	(Corp., Individual, Partnership, Etc.)	
BUSINESS DESC:	700000		(Corp., Harviotai, Farmersing, Etc.)	
RESP. PERSON:		OFFICE USE ONLY:		
ACCOUNTANT NAME:		CODE:		
BONDING COMPANY:		RESIDENT:		
BOND NUMBER:		RENEW:	FAL:	
OTHER LICENSE#			2.227	
license revocation for making fa	on stated above is true and accurate to the best of my lse for fradulent statements on this application. ING THAT A COPY OF YOUR INCOME TAX RE	Late knowledge and belief. I underst.		
Signature		h-market		
S	Signature	Title		Date
Calculation of license fee based on a For Gross Receipts not exceedi On each additional \$0 or fract	rate schedule ing \$0	Title	RATE \$0.0000 0.0000	Date TOTAL FEE
Calculation of license fee based on r For Gross Receipts not exceedi On each additional \$0 or fract	rate schedule ing \$0		\$0.0000 0.0000	