APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2023

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 5/1/2023

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

BUSINESS NAME AND MAILING ADDRESS	EMERGENCY CONTACT NAME AND ADDRESS	
NAME:		
ADDRESS:		
ADDRESS 2;		
CITY, ST., ZIP: PHONE		
LOCATION:	TAX ID NUMBER:	
BUSINESS CLASS:	OWNERSHIP TYPE:	
BUSINESS DESC:	(Com., Individual, Partnership, Etc.)	
RESP. PERSON:	OFFICE USE ONLY:	
ACCYMINITANIT MAME	CODE:	
DONDING COMPANY.	RESIDENT:	
THE COMPANY A.		
BOND NUMBER:	RENEW: FAL:	
OTHER LICENSE#		31,000 11300
CALCULATION OF LICENSE FEE: GROSS RECEIPTS \$	(See rate schedule below)	LICENSE FEE
	Late Payment Penalty	
	Total Payment	
I certify that all of the information stated above is true and accurate to the best of license revocation for making false for fradulent statements on this application.		s for penalties and
THE IRS HAS ISSUED A RULING THAT A COPY OF YOUR INCOME TAX	RETURN MAY BE REQUIRED FOR VERIFICATION OF GROSS	INCOME.
Signature	Title	Date
Calculation of license fee based on rate schedule 8.1	RATE	TOTAL FEE
For Gross Receipts not exceeding \$2,000	\$180.0000	
On each additional \$1,000 or fraction thereof between \$2,000 and \$1,000,000	1.5000	
On each additional \$1,000 or fraction thereof between \$1,000,000 and \$2,000,000	1.3400	· No. Ho.
On each additional \$1,000 or fraction thereof between \$2,000,000 and \$999,999,999	1.2000	
PLEASE NOTE: A 5% PENALTY WILL BE ADDED FOR EAC	H MONTH THAT IS LATE, AFTER APRIL 30TH.	
OFFICE USE ONLY: Check/Cash: Amount: \$	Date Paid: / / Receipt No:	