



Application for Business or Professional License

IN ORDER TO INSURE PROPER CREDIT TO YOUR ACCOUNT, YOU MUST RETURN THIS COMPLETED APPLICATION. PLEASE COMPLETE THE APPLICATION, VERIFY ALL INFORMATION LISTED AND RETURN THE COMPLETED FORM TO:

Town of Irmo P.O. Box 406 Irmo, S.C. 29063

This application is for: Corporation Co-Partnership Single Owner

New Business for Calendar Year: 2007 2008 2009 2010 2011

Business Name:		Application Date:
Owner Name		
Phone Number		
Mailing Address		
Mailing City/St/Zip		
Federal ID #		
SSN #		
License Expiration Date		
License Number		
Rate Code		
Business Type		
State Retail #		

Business Locations:

(A)	Gross Receipts for preceding calendar or fiscal year	\$
(B)	Base Tax	\$
(C)	Gross Business on which a license fee was paid to another county or city	\$
(D)	Tax on Excess at \$ per \$	\$
(E)	Tax on Excess at \$ per \$	\$
(F)	Penalty – 5% per month beginning April 16 th	\$
(G)	Total license fee due by April 15 th	\$

I/WE DO HEREBY CERTIFY THAT THE AMOUNT RETURNED AS TOTAL GROSS FROM BUSINESS OR PROFESSION AS REPORTED HEREIN IS TRUE AND CORRECT, AND THAT I HAVE MADE NO DEDUCTION FOR "DROP SHIPMENTS", "SALES TO GOVERNMENT AGENCIES", "OUT OF CITY OR COUNTY DELIVERIES", OR OTHERWISE, AND THAT I AM FAMILIAR WITH CITY ORDINANCE PROVIDING FOR PENALTIES AND REVOCATION OF MY (OUR) LICENSE. I/WE DO HEREBY CERTIFY THAT ALL PERSONAL PROPERTY TAXES HAVE BEEN PAID WHICH ARE DUE AND PAYABLE TO THE TOWN OF IRMO AS OF THIS DATE AND THAT THE BUSINESS NAME REPORTED ON MY SOUTH CAROLINA INCOME TAX RETURN.

Signature	
Title	
Date	