

Application for In-Town Business License



TO ENSURE PROPER CREDIT TO YOUR ACCOUNT, YOU MUST RETURN THIS COMPLETED APPLICATION TO:

Town of Irmo **Mailing Address:** P.O. Box 406 Irmo, S.C. 29063
Physical Address: 7300 Woodrow Street, Irmo, S.C. 29063
Email: khunke@townofirmosc.com

This application is for: Corporation LLC Sole Proprietor

Town of Irmo Business License Year is May 1 – April 30 **Application Date:**

Business Name	
dba (if applicable)	
Owner Name	
Phone Number	Alternate Phone:
Mailing Address	
Mailing City/St/Zip	
Physical Address	
Email Address	
Federal ID # or SSN#	
Expiration Date	4/30/YEAR
Business License #	
NAICS Rate Code	
Rate Class	

(A)	Gross Receipts for preceding calendar year	\$
(B)	Gross Receipts on which a license was paid to another city or county	\$
(C)	Taxable Gross for Irmo (A – B = C)	\$
(D)	Base Tax (up to 1st \$2000)	\$
(E)	Excess tax at \$ _____ per \$1,000.00	\$
(F)	See attachment for declining rate in excess of \$1,000,000.00	\$
(G)	Decals required for all service vehicles \$3 each	\$
(H)	In-Town business - Penalty of 5% per month beginning May 1st	\$
(I)	Total license fee due	\$

I/WE DO HEREBY CERTIFY THAT THE AMOUNT RETURNED AS TOTAL GROSS RECEIPTS FROM BUSINESS OR PROFESSION AS REPORTED HEREIN IS TRUE AND CORRECT, AND THAT I HAVE MADE NO DEDUCTIONS EXCEPT INCOME ON WHICH I HAVE PAID A BUSINESS LICENSE TAX TO ANOTHER CITY OR COUNTY, FOR WHICH I HAVE PROOF OF PAYMENT. 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.

Signature	
Title	
Date	