



Application for OUT-OF-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: permits@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	
E-mail Address	
Federal ID # or SSN#	
Business Activity/Type	
Job Location	
License Expiration Date	4/30/YEAR
Business License #	
NAICS Rate Code	
Rate Class	

(A)	Gross Receipts within the Irmo town limits	\$
(B)	Base Tax (up to 1 st \$2000.00)	\$
(C)	Tax on Excess at \$ per \$1,000.00	\$
(D)	See attachment for declining rate in excess of \$1,000,000.00	\$
(E)	Decals required on job site for all service vehicles \$3 each	\$
(F)	Total license fee due	\$

OUT-OF-TOWN BUSINESSES SHALL PAY THE REQUIRED LICENSE TAX BY THE OF 30th DAY OF APRIL OF EACH YEAR OR BEFORE 1ST JOB WITHIN IRMO TOWN LIMITS. I/WE DO HEREBY CERTIFY UNDER OATH THAT THE INFORMATION GIVEN IN THE APPLICATION IS TRUE AND THE GROSS RECEIPTS ARE ACCURATELY REPORTED, AND THAT I AM FAMILIAR WITH TOWN ORDINANCE PROVIDING FOR PENALTIES AND REVOCATION OF MY (OUR) LICENSE.

Signature	
Title	
Date	