

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: 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		
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	