

# Application for Business License



IN ORDER TO ENSURE 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

Business Name:		Application Date:
Owner Name		
Phone Number		
Mailing Address		
Mailing City/St/Zip		
Email Address:		
Federal ID # or SSN#		
License Expiration Date	12/31	
Business License #		
Rate Code		
Business Type		

### Business Locations:

(A)	Gross Receipts for preceding calendar	\$
(B)	Gross Business on which a license fee 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 - 5% per month beginning April 16th	\$
(I)	Total license fee due	

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	