



REMIT TO:  
 Town of Swansea  
 P. O. Box 429  
 Swansea, SC 29160

**BUSINESS LICENSE  
 APPLICATION**  
 YEAR: \_\_\_\_\_  
 DUE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE #: \_\_\_\_\_ EMERGENCY #: \_\_\_\_\_  
 HOME TELEPHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_  
 FAX #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

FEDERAL ID # OR SOCIAL SECURITY #: \_\_\_\_\_  
 TYPE OF BUSINESS: \_\_\_\_\_ SIC / NAIC CODE: \_\_\_\_\_

RATE CLASS: \_\_\_\_\_ APPLICATION FOR  NEW  RENEWAL

NAME OF OWNER, PARTNER OR PRINCIPAL: \_\_\_\_\_  
 CORPORATION  PARTNERSHIP  INDIVIDUAL

ZONING DISTRICT \_\_\_\_\_

IS HAZARDOUS WASTE INVOLVED IN OPERATION?  NO  YES (ATTACH DETAILS) CODE  
 CLEARANCE:  ZONING  INSPECTION  FIRE  HEALTH  LAW ENFORCEMENT

**CALCULATION OF LICENSE FEE FOR IN TOWN BUSINESSES**

FOR BUSINESSES LOCATED WITHIN THE TOWN LIMITS  
 GROSS INCOME REPORTED TO INTERNAL REVENUE SERVICE:

GROSS INCOME \$ \_\_\_\_\_  
 \$100.00 on the first \$2,000 of gross income or fraction thereof, and \$1.00 on each additional \$1,000.00 or fraction thereof.

FEE: \$ \_\_\_\_\_

LATE PAYMENT PENALTY (5% AFTER \_\_\_\_\_ for each month) \$ \_\_\_\_\_

TOTAL AMOUNT DUE \$ \_\_\_\_\_

**CALCULATION OF LICENSE FEE FOR OUT OF TOWN BUSINESSES:**

FOR BUSINESSES LOCATED OUTSIDE THE TOWN LIMITS  
 GROSS INCOME REPORTED TO INTERNAL REVENUE SERVICE:

GROSS INCOME \$ \_\_\_\_\_  
 \$200.00 on the first \$2,000 of gross income or fraction thereof, and \$2.00 on each additional \$1,000.00 or fraction thereof.

FEE: \$ \_\_\_\_\_

LATE PAYMENT PENALTY (5% AFTER \_\_\_\_\_) \$ \_\_\_\_\_

TOTAL AMOUNT DUE \$ \_\_\_\_\_

I CERTIFY THAT ALL INFORMATION STATED ABOVE IS TRUE AND CORRECT. I UNDERSTAND THAT THE TOWN ORDINANCE PROVIDES FOR PENALTIES AND LICENSE REVOCATION FOR MAKING FALSE OR FRAUDULENT STATEMENTS ON THIS APPLICATION. I AM AWARE OF AND UNDERSTAND THE JURISDICTION'S REQUIREMENTS AND CODES, AND THE ISSUANCE OF A BUSINESS LICENSE IS CONTINGENT UPON STRICT AND CONSISTENT COMPLIANCE WITH ALL OF THE JURISDICTION'S REQUIREMENTS.

\_\_\_\_\_  
 Title Signature

\_\_\_\_\_  
 Please Print Name Date