



Standardized Business License Application

License No:	APPLICATION FOR BUSINESS OR PROFESSIONAL LICENSE	AMOUNT OF LICENSE	\$ _____
FOR FISCAL YEAR	RETURN APPLICATION AND PAYMENT TO: THE TOWN OF BLACKVILLE	PENALTY	\$ _____
<u>2018/2019</u>	5983 Lartigue St. Blackville, South Carolina 29817 <i>This Application And Licensure Fee Are Due At The Town Hall Not Later Than June 30th. A Penalty of 18% Will Be Added After This Date. State Tax Records May Be Used To Verify Gross Income Reported Herein.</i>	TOTAL	\$ _____
		DATE ISSUED:	_____

City or County: TOWN OF BLACKVILLE

Business Information

Corporate name: _____

Name Shown to public: _____ Open date: _____

Organization type: Sole Proprietor LLC LLP LP Corporation

Articles of Organization or incorporation may be required

Business activity / type : _____ NAICS / SIC / Other code: _____

Federal ID/ SSN #: _____ State retail sales #: _____

Mailing address : _____

Physical address : _____

Inside Jurisdiction, Tax parcel #: _____ Outside Jurisdiction

Contact name, title : _____

Contact phone : _____ Ext. _____ Alternative phone : _____

Fax : _____ Email : _____

Owner or Principal(s) Information

Owner or Principal(s) name(s), title(s) : _____ SSN #: _____

Driver's license #: _____ State : _____ Expiration Date: _____

Mailing address : _____

Work phone : _____ Ext. _____ Cell phone : _____

Fax : _____ Email : _____

Job / Project Information

Project start date : _____, _____ Estimated end date : _____, _____

Project location : _____ Tax parcel #: _____

Project type: New construction Renovation Other

General contractor name: _____

State contractor license #: _____ State: _____ Expiration date : _____

Copy may be required

Master / specialty license #: _____

Job contact name : _____ Phone : _____

Total gross revenues or contract amount : \$ _____

Gross revenues, inside jurisdiction : \$ _____ Gross revenues, outside jurisdiction : \$ _____

Value of authorized deductions : \$ _____ Deduction type(s) : _____

Contact your city or county business licensing office with questions regarding this form.
*Application produced by the South Carolina Business Licensing Officials Association.
The SC Business Licensing Officials Association is an affiliate of the Municipal Association.*

Other Information

<input type="checkbox"/> Yes <input type="checkbox"/> No	Buying an existing construction business? <i>If yes, purchased business' name :</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Business leasing space to another business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Mail business license renewals to mailing address listed in the business information section on the previous page? <i>If not, corporate address:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Change of use to building?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Erecting a new sign?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Existing business with no prior license?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Home occupation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Independent contractors (Form 1099) <i>If yes, names :</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Leasing property? <i>If yes, landlord name and address :</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Restrictive covenants? <i>If yes, provide copy.</i>

Applicant Certification (Contact the municipality in which you are doing business to determine if a notarized signature is required.)

- I hereby certify that all information provided is true and correct to the best of my knowledge and that the gross revenue is accurately reported or estimated for a new business without any unauthorized deduction.
- I certify that assessments, delinquencies and personal property taxes due to the jurisdiction are fully paid.
- I understand that providing false or fraudulent information may result in penalties, business license revocation and / or prosecution to the fullest extent possible.
- 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.
- I understand that failure to comply with these requirements may result in business license revocation as well as other compliance or legal efforts.
- I also understand and authorize the jurisdiction and its agents to utilize all information on this application to ensure that all other federal, state and local laws are complied with.

Applicant printed name :

Signature :

Date :

Title :

For Office Use Only

Approved by all necessary departments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments		
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date :	
Business license #	Rate class :	
Rate Base rate : \$	Every \$ 1,000 after : \$	
Amount due Fee : \$	Penalties : \$	Total : \$
Decal required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cost/each	Total : \$
Receipt Amount paid : \$	Date Paid :	Number of Decals :
Staff name :	Signature :	Date :

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