

Standardized Business License Application



License No:	APPLICATION FOR BUSINESS OR PROFESSIONAL LICENSE	AMOUNT OF LICENSE	\$ _____
FOR FISCAL YEAR 20__ / 20__	RETURN APPLICATION AND PAYMENT TO: THE TOWN OF BLACKVILLE 5983 Lartigue St. Blackville, South Carolina 29817 <i>This Application And License Fee Are Due At The Town Hall Not Later Than April 30th. A Penalty of 5% Will Be Added Each Month After This Date Until Paid. State Tax Records May Be Used To Verify Gross Income Reported Herein.</i>	PENALTY	\$ _____
		TOTAL DATE ISSUED:	\$ _____ _____

City or County: **TOWN OF BLACKVILLE**

Business Information

Corporate name: _____	
Name Shown to public: _____	Open date: _____
Organization type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> 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 : _____	
<input type="checkbox"/> Inside Jurisdiction, Tax parcel # : _____	<input type="checkbox"/> 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 # :	SSN # : _____
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: <input type="checkbox"/> New construction <input type="checkbox"/> Renovation <input type="checkbox"/> 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? If yes, provide copy.

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 :

Title :

Date :

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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