

**TOWN OF RIDGEVILLE**  
**BUSINESS LICENSE APPLICATION**

105 SCHOOL STREET - POST OFFICE BOX 56 RIDGEVILLE, SC 29472  
 PHONE: (843)871-7960 FAX: (843)832-8016

PLEASE CHECK ONE:

- NEW APPLICATION
- CHANGE OF ADDRESS
- CHANGE OF BUSINESS NAME
- RENEWAL

Disclosure: (1) If your surname is not included in the name of your business, you will need proof of a fictitious name registration and publishing or articles of incorporation. (2) If your business requires a resale number or any type of license or permit, you will need to provide documentation that you have completed these required actions. (3) All of the above requirements must be completed before processing the business license application. Note: All businesses are subject to audit.

**OFFICE USE ONLY**

Date Business Commenced: _____	Computation of License Tax		
Description of Business: _____	1) Enter preceding year's Gross Receipts		
_____	2) Less income from operations outside corporate limits		
_____	3) Balance of gross income subject to license fee		
_____	Base Rate of _____ Per _____	Total Base Fee Due	
State License: _____	Additional Rate of _____ Per _____	Total Additional Due	
License Type: _____	Late fee at _____% per month late	Total Late Fee Due	
Expiration Date: _____		Total Fee for License	
Resale No: _____			
Federal I.D. No: _____			
State I.D.No: _____			

*Please type or print clearly.*

Business Name: \_\_\_\_\_

Business Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date business commenced: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Sole proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ Other: \_\_\_\_\_

ENTER BELOW NAMES OF OWNERS, PARTNERS, CORPORATE OFFICERS – ATTACH ADDITIONAL

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

**STATEMENT OF AGREEMENT AND SIGNATURE(S)**

I hereby certify, under penalty of perjury, that the information on this application is true, correct and complete to the best of my knowledge and belief. I comply with all applicable laws and ordinances regulating the operation of the business.

Business Owner or Representative: \_\_\_\_\_

Date: \_\_\_\_\_