

## 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: _____ Description of Business: _____ _____ _____ _____ State License: _____ License Type: _____ Expiration Date: _____ Resale No: _____ Federal I.D. No: _____ State I.D.No: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"><b>Computation of License Tax</b></td> <td style="width: 10%;"></td> </tr> <tr> <td style="width: 5%;">1)</td> <td style="width: 75%;">Enter preceding year's Gross Receipts</td> <td style="width: 15%;"></td> <td style="width: 5%;"></td> </tr> <tr> <td>2)</td> <td>Less income from operations outside corporate limits</td> <td></td> <td></td> </tr> <tr> <td>3)</td> <td>Balance of gross income subject to license fee</td> <td></td> <td></td> </tr> <tr> <td colspan="3">Base Rate of ____ Per ____</td> <td>Total Base Fee Due</td> </tr> <tr> <td colspan="3">Additional Rate of ____ Per ____</td> <td>Total Additional Due</td> </tr> <tr> <td colspan="3">Late fee at ____% per month late</td> <td>Total Late Fee Due</td> </tr> <tr> <td colspan="3"></td> <td>Total Fee for License</td> </tr> </table>	<b>Computation of License Tax</b>				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	Additional Rate of ____ Per ____			Total Additional Due	Late fee at ____% per month late			Total Late Fee Due				Total Fee for License
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*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: _____
<b>ENTER BELOW NAMES OF OWNERS, PARTNERS, CORPORATE OFFICERS – ATTACH ADDITIONAL</b>			
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.: _____			
<b>STATEMENT OF AGREEMENT AND SIGNATURE(S)</b>			
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: _____