

BUSINESS LICENSE APPLICATION

Return Application to:

TOWN OF VARNVILLE
 P.O. BOX 308
 VARNVILLE, S.C. 29944
 (803) 943-2979

TOWN OF VARNVILLE	
LICENSE NUMBER	BUSINESS TYPE
RATE CODE	FEDERAL ID

MUST BE COMPLETED & RETURNED PRIOR TO :

1. MAILING NAME AND ADDRESS

6. BUSINESS NAME AND LOCATION

7. PHONE NUMBER AT THIS LOCATION
 (Please enter number if this section is blank)

PLEASE TYPE OR PRINT WITH A BALL POINT PEN

<p>2. CHECK ONE</p> <p>_____ Renewal</p> <p>_____ Amended</p> <p>_____ New _____ (date)</p> <p>_____ Closed _____ (date)</p>	<p>CHECK ONE</p> <p>_____ Corporation</p> <p>_____ Sole Ownership</p> <p>_____ Partnership</p> <p>_____ Home Occupation</p>
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8. OWNERS, PARTNERS, OFFICERS, ETC.
 (use separate sheet if needed)

No Change

Name _____

Home Address _____

Home Phone _____

Drivers Lic # _____

Title _____

3. GROSS RECEIPTS :

ENTER GROSS RECEIPTS FOR YEAR JUST ENDING (JAN-DEC). THIS AMOUNT IS CONSIDERED AN ESTIMATE FOR UPCOMING YEAR. AN ADJUSTMENT FOR PREVIOUS YEAR WILL BE MADE ON YOUR BILL.

\$ _____

9. INFORMATION

REMINDER: IF YOUR BUSINESS IS LOCATED WITHIN THE TOWN LIMITS OF VARNVILLE AND IS OPEN, YOU ARE STILL RESPONSIBLE FOR PURCHASING A LICENSE, EVEN IF YOUR GROSS RECEIPTS WERE (0) ZERO.

4. PRINCIPLE LINE OF BUSINESS

OTHER LINES OF BUSINESS AT THIS LOCATION

PENALTIES

1ST PENALTY 25% APPLIED APRIL 16TH

2ND PENALTY 15% APPLIED MAY 16TH

5. I (name) _____

being the (title) _____

of the business firm named, do hereby register and apply for an occupational tax certificate, and furthermore, do hereby certify that the information provided is true, correct, and complete.

SIGNATURE

LICENSE IS NON-TRANSFERABLE.

INEFFECTIVE UPON CHANGE OF OWNERSHIP.

10. BUSINESS / MAILING NAME AND ADDRESS CORRECTIONS No Change
