

APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2024

TOWN OF CENTRAL  
(864) 639-6381 EXT 106  
P O BOX 549  
CENTRAL, SC 29630



To Avoid Penalties:

This Application with remittance in full must be completed and returned with full payment on or before 5/1/2024  
If no longer in business, please so indicate and return the application.

BUSINESS NAME AND MAILING ADDRESS

EMERGENCY CONTACT NAME AND ADDRESS

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
ADDRESS 2: \_\_\_\_\_  
CITY, ST., ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
LOCATION: \_\_\_\_\_  
BUSINESS CLASS: 238990  
BUSINESS DESC: \_\_\_\_\_  
RESP. PERSON: \_\_\_\_\_  
ACCOUNTANT NAME: \_\_\_\_\_  
BONDING COMPANY: \_\_\_\_\_  
BOND NUMBER: \_\_\_\_\_  
OTHER LICENSE # \_\_\_\_\_

TAX ID NUMBER: \_\_\_\_\_  
OWNERSHIP TYPE: \_\_\_\_\_  
(Corp., Individual, Partnership, Etc.)

OFFICE USE ONLY:  
CODE: 8.1  
RESIDENT: W  
RENEW: \_\_\_\_\_ FAL: \_\_\_\_\_

CALCULATION OF LICENSE FEE:

LICENSE FEE

GROSS RECEIPTS \$ \_\_\_\_\_ (See rate schedule below) \_\_\_\_\_  
Late Payment Penalty \_\_\_\_\_  
Total Payment \_\_\_\_\_

I certify that all of the information stated above is true and accurate to the best of my knowledge and belief. I understand that the Town Code provides for penalties and license revocation for making false for fraudulent statements on this application.

THE IRS HAS ISSUED A RULING THAT A COPY OF YOUR INCOME TAX RETURN MAY BE REQUIRED FOR VERIFICATION OF GROSS INCOME.

\_\_\_\_\_  
Signature Title Date

Calculation of license fee based on rate schedule 8.1

	RATE	TOTAL FEE
For Gross Receipts not exceeding \$2,000	\$180.0000	_____
On each additional \$1,000 or fraction thereof between \$2,000 and \$1,000,000	1.5000	_____
On each additional \$1,000 or fraction thereof between \$1,000,000 and \$2,000,000	1.3400	_____
On each additional \$1,000 or fraction thereof between \$2,000,000 and \$999,999,999	1.2000	_____

PLEASE NOTE: A 5% PENALTY WILL BE ADDED FOR EACH MONTH THAT IS LATE, AFTER APRIL 30TH.

OFFICE USE ONLY: Check/Cash: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date Paid: / / Receipt No: \_\_\_\_\_