

APPLICATION FOR BUSINESS LICENSE

TOWN OF CLOVER
 P.O. BOX 1060
 116 BETHEL STREET
 CLOVER, SC 29710
 PHONE: (803) 222-9495 FAX: (803) 222-6955
 www.cloversc.org

This Application with remittance in full must be completed and returned with full payment on or before 07/31/2018
 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, STATE, ZIP: _____
 PHONE: _____
 LOCATION: _____
 RESPONSIBLE PERSON: _____
 BUSINESS CLASS: _____
 BUSINESS DESC: _____
 OTHER LICENSE: _____
 EMAIL ADDRESS: _____
 WEBSITE: _____

TAX ID NUMBER: _____

OWNERSHIP TYPE: _____
 (Corp., Individual, Partnership, etc.)

BONDING COMPANY: _____

BOND NUMBER: _____

ACCOUNTANT: _____

OFFICE USE ONLY:	
CODE:	
RESIDENT:	
RENEW:	FAL:

CALCULATION OF LICENSE FEE:

LICENSE FEE

Gross receipts _____	(See rate schedule below)	_____
	Late Payment Penalty	_____
	Total Payment	=====

Before calculating license fee please round your gross receipts amount up to the nearest thousand to get the correct fee.

_____	_____	_____
Signature	Title	Date

Calculation of license fee based on rate schedule on all rates

Base Amount + (Rate * Number of units in range) = Total Fee

	<u>FOR EACH</u>	<u>RATE</u>	<u>BASE AMOUNT</u>	<u>TOTAL FEE</u>
For Gross Receipts between 0.00 and 0.00	0.00	\$0.00	\$0.00	_____

PLEASE NOTE:

ALL CONTRACTORS MUST SEND IN A COPY OF YOUR SC STATE CONTRACTORS LICENSE WITH BUSINESS LICENSE APPLICATION.