

**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 07/31/2019  
 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
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**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.