



TOWN OF FORT MILL

P.O. BOX 159 - 112 CONFEDERATE STREET  
FORT MILL, SOUTH CAROLINA 29715  
(803) 547-2034

APPLICATION FOR PRIVILEGE LICENSE

(MAKE SEPARATE APPLICATION FOR EACH BUSINESS TO BE LICENSED AT EACH LOCATION)

ALL BUSINESSES ARE SUBJECT TO AUDIT AND VERIFICATION OF GROSS RECEIPTS BY EXAMINATION OF INCOME TAX RETURNS AND DOCUMENTS FILED WITH STATE AND FEDERAL GOVERNMENT AGENCIES.

NAME OF APPLICANT (INDIVIDUAL OR FIRM)/MAILING ADDRESS:

FINANCIAL INFORMATION WILL REMAIN CONFIDENTIAL.

DATE:

FOR CALENDAR YEAR		FEDERAL I.D. NO. OR S.S. NO.:		ACCOUNT NO.
TYPE OF BUSINESS		CLASS	NAICS	S.C. REGISTRATION NO.
BUSINESS LOCATION		PHONE		

THE REQUIRED LICENSE FEE IS DUE AND PAYABLE JANUARY 1ST.

**FOR RENEWAL**, THE LICENSE FEE SHALL BE COMPUTED ON GROSS INCOME FOR THE PRECEEDING CALENDAR YEAR.

**FOR A NEW BUSINESS**, THE LICENSE FEE SHALL BE COMPUTED ON ESTIMATED PROBABLE GROSS INCOME FOR THE BALANCE OF THE LICENSE YEAR. MUST PROVIDE A REALISTIC ESTIMATE.

**PENALTIES:** FOR NON-PAYMENT OF ALL OR ANY PART OF THE CORRECT LICENSE FEE, A 5% LATE PENALTY SHALL BE ASSESSED FOR EACH MONTH OR PORTION THEREOF UNTIL PAID.

\*LICENSE FEES UNPAID AFTER 60 DAYS ARE SUBJECT TO LEGAL ACTION.

THIS IS APPLICATION FOR:

- 1. \_\_\_\_\_ NEW BUSINESS
- 2. \_\_\_\_\_ RENEWAL OF LICENSE
- 3. \_\_\_\_\_ CHANGE OF OWNERSHIP
- 4. \_\_\_\_\_ CHANGE OF LOCATION
- 1. \_\_\_\_\_ CORPORATION
- 2. \_\_\_\_\_ PARTNERSHIP
- 3. \_\_\_\_\_ INDIVIDUAL OWNERSHIP

NOTE: DURING THE YEAR ENDED MY/OUR GROSS DOLLARS OF BUSINESS WERE AS LISTED:

**RENEWAL BUSINESS:** TOTAL GROSS INCOME PHYSICALLY EXECUTED WITHIN FORT MILL TOWN LIMITS. \_\_\_\_\_

**NEW BUSINESS:** GROSS INCOME EXPECTED TO BE GENERATED DURING THE LICENSE YEAR. \_\_\_\_\_

FOR OFFICE USE ONLY:

DATE ISSUED \_\_\_\_\_  
 LICENSE FEE \_\_\_\_\_  
 PENALTY \_\_\_\_\_  
 TOTAL \_\_\_\_\_

*FOR FEE CALCULATION PLEASE FAX 803-548-4722*

*PROMPTLY RETURN APPLICATION WITH PAYMENT SO LICENSE CAN BE ISSUED.*

I (WE) DO HEREBY CERTIFY THAT THE AMOUNT AS TOTAL GROSS FROM MY BUSINESS OR PROFESSION AS REPORTED HEREIN IS TRUE AND CORRECT, AND THAT I AM FAMILIAR WITH THE TOWN ORDINANCE PROVIDED FOR PENALTIES AND REVOCATION OF MY LICENSE FOR MAKING FALSE OR FRAUDULENT STATEMENTS IN THIS APPLICATION. I (WE) DO HEREBY CERTIFY THAT ALL PERSONAL PROPERTY TAXES HAVE BEEN PAID WHICH ARE DUE AND PAYABLE TO THE TOWN OF FORT MILL AS OF THIS DATE IF APPLICABLE.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_