

**BUSINESS LICENSE APPLICATION**

**THE TOWN OF PAMPLICO**

180 MAIN ST. - EAST - P O BOX 296  
PAMPLICO, SC 29583  
(843) 493-5551 Phone - (843) 493-5013 Fax

APPLICATION FOR LICENSE TO DO BUSINESS DURING JULY 1, 2014 - JUNE 30, 2015

NAME OF BUSINESS \_\_\_\_\_

NAME OF PROPRIETOR \_\_\_\_\_

ADDRESS OF BUSINESS \_\_\_\_\_

SOCIAL SECURITY NUMBER (INDIVIDUAL) \_\_\_\_\_

FEDERAL ID NO. (PARTNERSHIP OR CORPORATION) \_\_\_\_\_

MACHINE SERIAL NUMBER (WHERE APPLICABLE) \_\_\_\_\_

STATE LICENSE NUMBER (WHERE REQUIRED) \_\_\_\_\_

OCCUPATION OR TYPE OF BUSINESS \_\_\_\_\_

DESCRIBE SERVICES RENDERED OR PRODUCTS SOLD \_\_\_\_\_

GROSS RECEIPTS FOR THE PREVIOUS CALENDAR YEAR \$ \_\_\_\_\_ \*

**I CERTIFY UNDER OATH THAT THE INFORMATION GIVEN IN THE APPLICATION IS TRUE, THAT THE GROSS INCOME IS ACCURATELY REPORTED, OR ESTIMATED FOR A NEW BUSINESS, WITHOUT ANY UNAUTHORIZED DEDUCTIONS, AND THAT ALL ASSESSMENTS AND PERSONAL PROPERTY TAXES DUE AND PAYABLE TO THE CITY AND COUNTY HAVE BEEN PAID.**

\_\_\_\_\_  
SIGNATURE / DATE

**\*THE SOUTH CAROLINA DEPARTMENT OF REVENUE REPORTS TO THE TOWN OF PAMPLICO THE GROSS RECEIPTS REPORTED ON THE INCOME TAX RETURN BY EACH BUSINESS AND REQUESTS THE TOWN TO REPORT TO THEM ANY DISCREPANCY IN THE AMOUNT SHOWN ON THIS APPLICATION AND THE AMOUNT REPORTED TO THE DEPARTMENT OF REVENUE.**

**FAILURE TO RETURN BY JUNE 15, 2014 MAY RESULT IN A PENALTY**

**DO NOT WRITE IN THIS SPACE. TO BE COMPLETED BY TOWN CLERK.**

BUSINESS CLASS \_\_\_\_\_

LICENSE FEE DUE: \_\_\_\_\_

PENALTY 5% PER MONTH IF PAST DUE (MAX. 25%) \$ \_\_\_\_\_

TOTAL AMOUNT DUE \$ \_\_\_\_\_

Date Application Received \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

Date Of Payment \_\_\_\_\_

Fee Received By \_\_\_\_\_

Receipt # \_\_\_\_\_

Method of Payment \_\_\_\_\_ Check

\_\_\_\_\_ Cash

\_\_\_\_\_ B/L#