



CITY OF FOUNTAIN INN
PLANNING & DEVELOPMENT DEPARTMENT
200 North Main Street ♦ Fountain Inn, SC 29644

Phone: 864-409-3334 ♦ Fax: 864-908-3569 ♦ Email: kim.darnell@fountaininn.org

New Businesses must obtain a business license prior to beginning operation.
Business Licenses expire December 31st each year. Renewal business licenses must be paid in full on or before April 15th to avoid penalties.

BUSINESS LICENSE APPLICATION

PLEASE PRINT CLEARLY

Name of Business: _____ Date of Application: _____

Contact Name: _____

E-mail Address: _____ Phone Number: _____

Type of Ownership: Indiv. Partn. Corp. LLC LLP Federal ID# or SS#: _____

S.C. Contractor's License #: **(Required)** _____ Expires: _____

Mailing Address: _____

Location of Business (if different from mailing address): _____

Description of Business: _____

This application is for (check all that apply):

- New Business License Business License Renewal
 Location Change Ownership Change

Fee Schedule (please mark applicable type of business):

- Contractor (8.1R) with a Store/Office **Inside** City Limits Fee: \$ 75 for the first \$2,000 in gross receipts + \$1.55 for each additional \$1,000
- Contractor (8.1 NR) with a Store/Office **Outside** City Limits Fee: \$150 for the first \$2,000 in gross receipts + \$3.10 for each additional \$1,000

Estimated Total Gross Receipts: \$ _____ Total Due: \$ _____

This is to certify that the above is a true statement of the TOTAL GROSS RECEIPTS from my business or profession and that I am familiar with the city ordinance providing for penalties and revocation of my (our) license for making false or fraudulent statements in this application.

I (We) do hereby certify that the above name corresponds with the books and records of the business filed with S.C. Tax Commission or Insurance Commissioner and with the Collector of Internal Revenue of the United States.

I (We) do hereby certify that all taxes due the city by such Business for the year immediately preceding the year for which this application is made, have been paid in accordance with the Business License Ordinance of the city of Fountain Inn, S.C.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

FOR OFFICE USE:

Amount Paid: _____ Date: _____ Receipt #: _____ NAICS Code: _____