



# CITY OF FOUNTAIN INN

## PUBLIC WORKS DEPARTMENT

200 North Main Street ♦ Fountain Inn, SC 29644

Phone: 864-409-3334 ♦ Fax: 864-908-3569 ♦ Email: public.works@fountaininn.org

### BUSINESS LICENSE APPLICATION

\*\*PLEASE PRINT CLEARLY\*\*

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

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):

- |   |  |
|---|--|
| <input type="checkbox"/> Contractor (8.1R)<br>with a Store/Office <b>Inside</b> City Limits   | Fee: \$ 75 for the first \$1,000 in gross receipts<br>+ \$1.55 for each additional \$1,000 |
| <input type="checkbox"/> Contractor (81.NR)<br>with a Store/Office <b>Outside</b> City Limits | Fee: \$150 for the first \$1,000 in gross receipts<br>+ \$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: \_\_\_\_\_