CITY OF SIMPSONVILLE

118 N.E. Main Street ♦ Simpsonville, SC 29681
Ph. (864) 967-9526 ♦ Fax (864) 967-9530

BUSINESS LICENSE APPLICATION

PLEASE PRINT CLEARLY

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 15 to avoid penalties.

Name of Business: _____ Date of Application: _____

Name of Owner(s) or Agent(s): _____

E-mail Address: _____ Phone Number: _____

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

Mailing Address: _____

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

Description of Business: _____

_____

_____

This application is for (check all that apply): State License #: _____

❑ New Business ❑ Business License Renewal
❑ Location Change ❑ Ownership Change
❑ Home-based Business ❑ Off-site Business (sales/business conducted away from store/office)

Fee Schedule (please mark applicable type of business):

❑ Business with a Store/Office **Inside** City Limits	Fee: $75 for the first $1,000 in gross receipts + _____ for each additional $1,000 or fraction thereof
❑ Business with a Store/Office **Outside** City Limits	Fee: $150 for the first $1,000 in gross receipts + _____ for each additional $1,000 or fraction thereof
❑ Contractor with a Store/Office **Inside** City Limits*	Fee: $75 for the first $1,000 in gross receipts + $1.15 for each additional $1,000 or fraction thereof
❑ Contractor with a Store/Office **Outside** City Limits	Fee: $150 for the first $1,000 in gross receipts + $3.50 for each additional $1,000 or fraction thereof

Estimated Total Gross Receipts for Business Ending December 31 of the Current Year: $_____

*Contractors with an office inside City limits must report gross receipts for the city limits and Greenville County

Please Submit the Following Materials with Your Application:

❑ Most Recent Filed Tax Return (if available) ❑ Certificate of Liability (if doing work for the City)

This is to certify that the above is a true statement of the business done or transacted at or through the above location. The report corresponds with the books and records of the business and with the report of same filed, or to be filed, for the corresponding period with the S.C. Department of Revenue or Insurance commissioner and with the Collector of Internal Revenue of the United States and that exact amount returned as TOTAL GROSS RECEIPTS from this business or profession as reported herein are true and correct and that I am familiar with the City ordinance providing for penalties and revocation of this license for making false or fraudulent statements in this application. The books of this business are available for inspection by authorized agents of the City. The issuance of a business license is conditioned upon strict compliance with the ordinances of the City of Simpsonville and failure to so comply may result in revocation in addition to other penalties.

Authorized Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

FOR OFFICE USE ONLY

ZONING: ❑ Approved ❑ Prohibited NAICS: _____ Rate: _____

By: _____ Fee $_____

Comments: _____ Past Dues (if applicable) $_____

_____ TOTAL $_____

_____ Date Issued: _____