

ORIGINAL

PLEASE SEND PAYMENT WITH APPLICATION



3801105

CITY OF CLINTON

P.O. DRAWER 748
CLINTON, S.C. 29325

No.

APPLICATION FOR LICENSE To Engage In Business Or Profession FOR THE LICENSE YEAR ENDING _____

FOR OFFICE USE ONLY	
LICENSE NO.	DATE ISSUED
APPROVED BY	
REPORT APPLICABLE FIGURES FOR PRECEDING CALENDAR YEAR	
<small>For Renewal of License, please verify all information as listed. Then complete this application as required. Refer to City of Clinton Business License Ordinance for applicable rates. ALL CONCERNS ARE SUBJECT TO AUDITS AND PENALTIES FOR MISREPRESENTATIONS. Penalty: Delinquent April 16th. Penalty for delinquency in paying license tax is a penalty of 5% to be assessed April 16 and an additional 5% to be assessed each additional month or portion thereof until paid. No license shall be issued until all obligations due the City have been paid.</small>	

CUSTOMER COPY

CLASS	CODE	TYPE OF BUSINESS	GROSS RECEIPTS	FEE

PENALTY _____
TOTAL _____

PHONE NO. _____ SOCIAL SECURITY NO. _____ FEDERAL I.D. NO. _____

IF INFORMATION LISTED IN HEADING IS CORRECT CHECK HERE AND SKIP TO ITEM NO. 3 FOR NEW BUSINESS, OR TO CORRECT HEADING ABOVE, BEGIN WITH ITEM NO. 1

THIS APPLICATION IS FOR:

NEW BUSINESS _____ 19____
STARTING DATE

RENEWAL OF LICENSE INDIVIDUAL

CHANGE OF OWNERSHIP PARTNERSHIP

CHANGE IN LOCATION CORPORATION

1. _____
NAME OF APPLICANT (INDIVIDUAL OR FIRM)

2. _____
MAILING ADDRESS

3. Allowable ordinance deductions, if applicable (Itemized on separate sheet and attach hereto) \$ _____

4. Number of coin operated machines (itemize on separate form) _____

Have the amounts reported herein been reported to the South Carolina Department of Revenue for the corresponding period? YES NO

If YES, date return filed. _____

5. NAME OF PREVIOUS OWNER, IF OWNERSHIP HAS CHANGED: _____	6. NAME OF YOUR ACCOUNTANT: _____
7. NAMES OF PARTNERS OR OFFICERS OF FIRM: _____	8. HEALTH PERMIT # _____

SMITH DATA PROCESSING

FOR OFFICE USE ONLY	
APPROVED	DISAPPROVED
SANITATION DEPT. _____	_____
BLDG. DEPT. _____	_____
FIRE DEPT. _____	_____
HEALTH DEPT. _____	_____
POLICE DEPT. _____	_____

CERTIFICATION

This is to certify that the above is a true statement of the business done or transacted at or through the above location and 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 South Carolina Department of Revenue and with the Internal Revenue of the United States and that the 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 and that the books of this business are available for inspection by authorized agents of the City.
I (we) do hereby certify that all personal property taxes have been paid which are due and payable to the City of Clinton as of this date.

_____ by _____ Date
Business, Firm, or Corporation name Signature of person making oath and title