



City of Clinton Department of Inspections and Planning

211 N. Broad St.
P.O. Drawer 748
Clinton, South Carolina 29325
Phone: 864-833-7517

BUSINESS LICENSE APPLICATION

YEAR: _____

Business Name: _____ Fed. Tax ID or Social Security #: _____

Name as seen by the public (DBA): _____

Business Location: _____ City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above):

Business Phone #1: _____ Business Phone #2: _____ Business Fax #: _____

Business Type: Limited Liability Corporation Business Email: _____

Corporation

Partnership

Individual

Other (Please explain) _____

Per Job Basis/Event

Annual Renewal

Owner or Principal(s) Information

Owner or Principal(s) Name & Title _____ SSN# _____

(If more than one owner/principal please list on separate sheet of paper)

Driver's License # _____ State: _____ Expiration Date: _____

Mailing Address _____

Cell phone: _____ Work Phone #: _____ Ext: _____

Fax #: _____ Email: _____

Please fill out all that apply to your business below: (Please enclose a copy of any certifications/licenses)

Businesses Regulated by SCLLR

State License No.: _____ Expiration Date: _____

Amusement Machines/Coin Operated Devices

Type of Machines: _____ Number of Machines: _____

Billiard or Pool Rooms

Number of Pool Tables _____

Revised 8/2023



**City of Clinton Department of Community & Economic Development
Division of Inspections and Planning**

211 N. Broad St.
P.O. Drawer 748
Clinton, South Carolina 29325
Phone: 864-833-7517
Fax: 864-751-4215

BUSINESS LICENSE CALCULATION

NAICS Code: _____

I don't know my NAICS code.

Please describe your business: _____

Actual Gross Revenue for previous year or Contract amount (for contractors): \$ _____

Your Rate is:

Business License Fee Due (5% penalty due per month AFTER April 30th for renewals) \$ _____

You may pay by check payable to City of Clinton, credit card (2.35% processing fee), or by visiting our location. If you are paying by phone with credit card or need any help calculating your business license fees please call (864) 200-4571 or (864) 200-4505.

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 and all associated premises 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.

Signature of person making oath & title

Date

Signature of person making oath & title

Date

For questions or more information contact one of our team members in Inspections and Planning:

Morgan Hunt - Business License/Permit Specialist

(864) 200-4571 Office

mhunt@cityofclintonsc.com

Ashley Rochester - Planning Director

(864) 200-4505 Office

arochester@cityofclintonsc.com

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