



**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**

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Fax: 864-751-4215

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**BUSINESS LICENSE CALCULATION**

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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 30<sup>th</sup> 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.

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**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.

\_\_\_\_\_  
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](mailto:mhunt@cityofclintonsc.com)

Ashley Rochester - Planning Director

(864) 200-4505 Office

[arochester@cityofclintonsc.com](mailto:arochester@cityofclintonsc.com)

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