PLEASE SEND PAYMENT WITH APPLICATION

TOWN OF MONCKS CORNER

P.O. BOX 700
MONCKS CORNER, SC 29461

APPLICATION FOR BUSINESS OR PROFESSIONAL LICENSE

FOR THE YEAR:_____

FOR OFFICE USE ONLY		
LICENSE #:		
HOSPITALITY TAX ESTABLISHMENT:		
LICENSE FEE:		
PENALTY:		
TOTAL:		
CHECK #:	CASH:	CREDIT CARD:
DATE ISSUED:		
STAFF INITIALS:		
CLASSIFICATION CODE:		RATE:
APPROVAL: ZONING ADMINISTRATOR:_____DATE:_____		
FIRE MARSHAL/BLDG OFFICIAL:_____DATE:_____		

Local Hospitality Tax Establishment: _____Yes _____ No (2% local hospitality tax applied on prepared meals, food, and beverages)

PLEASE ANSWER ALL QUESTIONS. IF YOU NEED ASSISTANCE CALCULATING YOUR LICENSE, PLEASE CALL 843-719-7900 OR FAX 843-719-7902

1. NAME OF BUSINESS: _____ 2. TYPE _____

3 BUSINESS OWNER: _____ 4. FEDERAL ID/SSN: _____

5. MAILING ADDRESS: _____ 6. BUSINESS PHONE _____

7. BUSINESS LOCATION: _____ 8. TMS # _____

9. HOME ADDRESS: _____ 10. HOME PHONE: MOBILE PHONE: _____

11. DRIVERS LIC# AND STATE: _____ 12. E-MAIL ADDRESS: _____

13. EMERGENCY CONTACT: _____ 14. PHONE _____

15. PREVIOUS OWNER (IF APPLICABLE): _____ 16. PREVIOUS USE:_____

HAVE YOU EVER HAD A BUSINESS OR CONTRACTOR'S LICENSE REVOKED OR SUSPENDED BY ANY LICENSING AGENCY? _____YES ____NO IF YES, PLEASE EXPLAIN:

_____

HAVE YOU EVER HAD A BUSINESS LICENSE IN ANOTHER CITY, COUNTY OR STATE? _____YES _____NO
IF YES, WHERE? _____

(ALL CONTRACTORS MUST SUBMIT A COPY OF CURRENT STATE LICENSE BEFORE LICENSE WILL BE ISSUED)
CONTRACTOR'S STATE/LICENSE #_____
OUT OF TOWN CONTRACTORS ONLY: JOB LOCATION(S) _____

**PEDDLERS ONLY: JOB LOCATION: _____DL/STATE# _____
(MUST SUBMIT A COPY OF DL AND REGISTER WITH POLICE DEPARTMENT BEFORE LICENSE WILL BE ISSUED.)
**BUSINESS LICENSE MUST BE CARRIED ON YOUR PERSON OR READILY AVAILABLE FOR INSPECTION BY AN OFFICER OF THE TOWN. FAILURE TO PRODUCE THE LICENSE IS A MISDEMEANOR, PUNISHABLE FOR UP TO $500.00 FINE AND/OR 30 DAYS IN JAIL.

*GROSS RECEIPTS $ _____ (*OUT OF TOWN CONTRACTORS-PROVIDE IN-TOWN CONTRACT AMOUNT)
FROM BUSINESS OR PROFESSION

TOTAL LICENSE FEE: $_____

RATE:/BASE $ _____ $0-2,000 PLUS _____ PER $1,000 GROSS RECEIPTS _____GROSS RECEIPTS IN EXCESS OF $1,000,000.
For gross receipts in excess of $1,000,000.00 please see attached chart for declining rates. (If chart is not attached please call for rate).

I (we) do hereby certify that the information given in this application is true. That the gross income is accurately reported or estimated for a new business without any unauthorized deduction, and that all assessments and personal property taxes due and payable to the Town have been paid. I understand that issuance of a Town business license does not relieve me of the responsibility of meeting all Town of Moncks Corner Zoning and Building Code requirements, and that I am subject to all provisions of the business license ordinance of the Town of Moncks Corner. I also understand and authorize the Town of Moncks Corner and its Agents to utilize all information on this application for the purposes of obtaining a business license and insuring that all other Federal, State and Local Laws are followed.

(Print) _____

APPLICATION WILL NOT BE PROCESSED WITHOUT SIGNATURE

RENEWALS ARE
DELINQUENT MAY 1ST
PENALTY APPLIED AFTER APRIL 30TH
5% PENALTY PER MONTH COMPOUNDED

(Signed) _____
(Signature of Applicant)

(Date Signed)_____