

<p style="text-align: center;">PLEASE SEND PAYMENT WITH APPLICATION</p> <div style="text-align: center;">  <p>TOWN OF MONCK'S CORNER P.O. BOX 700 MONCK'S CORNER, SC 29461</p> <p>APPLICATION FOR BUSINESS OR PROFESSIONAL LICENSE</p> <p>FOR THE YEAR: _____</p> </div>	<p style="text-align: center;">FOR OFFICE USE ONLY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">LICENSE #:</td></tr> <tr><td>LICENSE FEE:</td><td>PENALTY:</td></tr> <tr><td colspan="2">TOTAL:</td></tr> <tr><td>CHECK #:</td><td>CASH:</td><td>CREDIT CARD:</td></tr> <tr><td colspan="2">DATE ISSUED:</td></tr> <tr><td colspan="2">STAFF INITIALS:</td></tr> <tr><td>CLASSIFICATION CODE:</td><td>RATE:</td></tr> <tr><td colspan="2">APPROVAL:</td></tr> <tr><td>PLANNING/ZONING:</td><td>DATE:</td></tr> <tr><td>FIRE MARSHAL:</td><td>DATE:</td></tr> <tr><td>BLDG OFFICIAL:</td><td>DATE:</td></tr> </table>	LICENSE #:		LICENSE FEE:	PENALTY:	TOTAL:		CHECK #:	CASH:	CREDIT CARD:	DATE ISSUED:		STAFF INITIALS:		CLASSIFICATION CODE:	RATE:	APPROVAL:		PLANNING/ZONING:	DATE:	FIRE MARSHAL:	DATE:	BLDG OFFICIAL:	DATE:
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Local Hospitality Tax Establishment: Yes No (2% local hospitality tax applied on prepared meals, food, and beverages)
Home Occupation: Yes No

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? _____

ANY TRADE REQUIRED TO HOLD A STATE LLR LICENSE AND/OR A RETAIL LICENSE MUST PROVIDE A CURRENT COPY OF THE LICENSE

STATE LICENSE # _____ RETAIL 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) _____

(Signed) _____
(Signature of Applicant)

(Date Signed) _____

APPLICATION WILL NOT BE PROCESSED WITHOUT SIGNATURE

RENEWALS ARE

DELINQUENT MAY 1ST

PENALTY APPLIED AFTER APRIL 30TH

5% PENALTY PER MONTH COMPOUNDED