

APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2007

CITY OF FOUNTAIN INN
 315 NORTH MAIN STREET SUITE 1
 FOUNTAIN INN, SC 29644

PHONE: 864-409-3334 FAX: 864-409-3360

AVOID PENALTY

This Application with remittance in full must be completed and returned with full payment on or before **4/15/2007**
 If no longer in business, please so indicate and return the application.

BUSINESS NAME AND MAILING ADDRESS

EMERGENCY CONTACT NAME AND ADDRESS

NAME:
 ADDRESS:
 ADDRESS 2:
 CITY, ST., ZIP: ,
 PHONE:
 LOCATION:
 BUSINESS CLASS:
 BUSINESS DESC:
 RESP. PERSON:
 ACCOUNTANT NAME:
 BONDING COMPANY:
 BOND NUMBER:
 OTHER LICENSE #

TAX ID NUMBER:
 OWNERSHIP TYPE:

OFFICE USE ONLY:		
CODE:	.101	
RESIDENT:	YES	
RENEW:	YES	FAL:

CALCULATION OF LICENSE FEE:

LICENSE FEE

GROSS RECEIPTS \$ _____

(See rate schedule below)

Late Payment Penalty _____

Total Payment _____

 Signature

 Title

 Date

Calculation of license fee based on rate schedule 101

For Gross Receipts not exceeding \$2,000

RATE

\$45.0000

On each additional \$1,000 or fraction thereof between \$2,000 and \$9,999,999,999

0.4500

TOTAL FEE

PLEASE NOTE:

I (We) do hereby certify that the amount returned as TOTAL GROSS from my business or profession as reported herein is true and correct, and that I am familiar with the city ordinance providing for penalties and revocation of my (our) license for making false or fraudulent statements in this applications.

I (We) do hereby certify that the above name corresponds with the books and records of the business filed with S.C. Tax Commission or Insurance Commissioner and with the Collector of Internal Revenue of the United States

I (We) do hereby certify that all taxes due the city by such Business for the year immediately preceding the year for which this application is made. have been paid in accordance with the Business License Ordinance of the city of Fountain Inn, S.C.