

# APPLICATION FOR LICENSE

## TOWN OF NORTH

Application and License Fee To Be Filed and Paid By April 1<sup>st</sup>.  
Subject To Prosecution After June 1<sup>st</sup>.

STATE OF SOUTH CAROLINA,  
Town of North

APRIL 1, 201\_\_\_\_ - MARCH 31, 201\_\_\_\_

Date of Application / Start Date  
\_\_\_\_\_, 20\_\_\_\_

Business Name

Address (location of business)

Federal ID / SS Number

Mailing Address (if different)

SC Retail Tax Number

Type of Business \_\_\_\_\_ # of Employees \_\_\_\_\_

Name of Owner, Partner or Principal

Local (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

New \_\_\_\_\_ Renewal \_\_\_\_\_ Going out of business on \_\_\_\_\_  
Application for

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_  
Ownership

Is hazardous waste involved in operation? No \_\_\_\_ Yes \_\_\_\_ (attach details)

### COMPUTATION OF LICENSE TAX

Compute your tax according to the following schedule and make check payable to TOWN OF NORTH

Gross income for preceding calendar or fiscal year \$ \_\_\_\_\_

Less income on which a license tax was paid to another

City or county for operations outside city/county - \$ \_\_\_\_\_

Balance of gross income subject to license tax = \$ \_\_\_\_\_

Rate Class: \_\_\_\_\_

First \$5,000 ..... \$ \_\_\_\_\_

Next \$995,000 ..... \_\_\_\_\_

Next \$1,000,000 (90%) ..... \_\_\_\_\_

Next \$1,000,000 (80%) ..... \_\_\_\_\_

Next \$1,000,000 (70%) ..... \_\_\_\_\_

Over \$4,000,000 (60%) ..... \_\_\_\_\_

Total Business License Fee ..... \$ \_\_\_\_\_

### CERTIFICATION

I (we) do hereby certify that the above information and amount returned as gross income from my business is true and correct, and that I have made no deductions except income on which I have paid a business license tax to another city or county, for which I have proof of payment. I am familiar with the penalty provision of the ordinance and the grounds for revocation of the license, including making false or fraudulent statements in this application. I certify that all business personal property taxes due and payable to the Town and County have been paid, and that the above business name is the same as reported on documents filed with the State and Federal Governments. I understand that my business income tax returns and other documents may be inspected to verify gross income or other business data.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY	Total License Tax:	
Payment:	Check No.	Date Received:
Penalty after due date _____ % per month \$		

## RATES

RATE CLASS	<u>Income: 0-\$5000</u>	<u>ALL OVER \$5,000</u>
	MINIMUM FEE	Rate per Thousand Or fraction thereof
1	\$30	\$0.85
2	\$35	\$0.91
3	\$40	\$0.97
4	\$45	\$1.03
5	\$50	\$1.09
6	\$55	\$1.15
7	\$60	\$1.21
8.1	\$65	\$1.27
8.2	Set by state	statute
8.3	MASC Telecommunications	
8.4	\$65	\$1.27
8.5	\$65	\$1.27
8.6	\$50	\$0.05
8.7	MASC Insurance	
8.8A	12.50+12.50 per	machine
8.8B	\$40	\$0.97
8.8C	12.50+180.00 per	machine
8.9A	\$65	\$1.27
8.9B	\$	
8.9C	\$100.00	\$1.27
8.10	\$40	\$0.97

## DECLINING RATES

Declining Rates apply in all Classes for gross income in excess of \$1,000,000
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Gross Income In \$ Million	Percent of Class Rate for each additional \$1,000
0-1	100%
1-2	90%
2-3	80%
3-4	70%
Over 4	60%