



TOWN OF GREAT FALLS, SOUTH CAROLINA APPLICATION FOR BUSINESS OR PROFESSIONAL LICENSE

New Renewal

Legal Business Name: _____

DBA/Trade Name (If different from above): _____

Type of Business: _____

Federal ID#: _____ State Retail Sales#: _____

Physical Address of Business: _____

Inside Town Limits Outside Town Limits

Mailing Address: _____

Business Phone: (____) _____ Business Fax: (____) _____

Email: _____

Contact name & title: _____

Owner or Principal(s) name: _____

Owner or Principal(s) title: _____

Owner or Principal(s) mailing address: _____

Total gross revenues, inside city limits: \$ _____

If a New Business, show estimate: \$ _____

PENALTY: Persons failing to pay all taxes due under this article, shall pay in addition to the regular amount of tax due, fifteen (15%) percent of the tax due after April 30; if the license tax and penalty is not paid within (15) days thereafter, or by May 15, the business shall be closed. Nothing contained in this section shall be construed to prevent the issuance of execution of any delinquent tax upon the default in payment thereof and prosecution of a defaulter for violation of this article.

**All property taxes due to the Town shall be paid before any business license may be issued by the Town.
This is on business property only and property used in business.**

1. I hereby certify that all information provided is true and correct to the best of my knowledge and that the gross revenue is accurately reported or estimated for a new business without any unauthorized deduction.
2. I certify that assessments, delinquencies, and personal property taxes due to the jurisdiction are fully paid.
3. I understand that providing false or fraudulent information may result in penalties, business license revocation and/or prosecution to the fullest extent possible.
4. I am aware of and understand the jurisdiction's requirements and codes, and the issuance of a business license is contingent upon strict and consistent compliance with all of the jurisdiction's requirements.
5. I understand that failure to comply with these requirements may result in business license revocation as well as other compliance or legal efforts.
6. I also understand and authorize the jurisdiction and its agents to utilize all information on this application to ensure that all other federal, state and local laws are complied with.

Applicant printed name: _____ Signature: _____

Title: _____ Date: _____

**Please make checks payable to the: Town of Great Falls, PO Box 177, Great Falls, SC 29055
If you have any questions regarding your license, please call the Town Hall at (803) 482-2055.**

Official Use Only

Business License #: _____ Date Paid: _____ Amount Due: \$ _____

Staff Name _____ Check Number: _____ Amount Paid: \$ _____