

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

- (1) For the Year 2023 () Calendar () Fiscal () New () Renewal
- (2) Name of Business: _____
- (3) Physical Address of Business: _____

- (4) Mailing Address of Business (If Different From Location): _____

- (5) Type of Business: _____
- (6) Name and Address of the Owner: _____

- (7) Business Phone: (____) _____ Business Fax: (____) _____
- (8) Gross Receipts \$ _____ or Gross Premiums \$ _____ (Do not include sales tax in gross receipts)
- (9) If a New Business, show estimate \$ _____
- (10) Amount of Remittance \$ _____
- (11) If Bond is required, give name of Bonding Company: _____ Bond Number _____
- (12) If you employ an accounting or bookkeeping firm, give name, address, and telephone number:

(____) _____

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.

Please make checks payable to the:

**Town of Great Falls
P.O. Box 177
Great Falls, S.C. 29055**

If you have any questions regarding your license, please call the Town Hall at (803) 482-2055.

Certificate

I declare that the application, including the gross sales reported above, has been examined by me and to the best of my knowledge and belief, the information contained therein is true and correct.

SWORN to and subscribed before me,
this _____ day of _____, 2023.

Notary Public for South Carolina

Owner's Signature and Title

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Official Use Only

Issued Business License Number: _____
Amount of Remittance: \$ _____

Date Paid: _____
Check Number: _____