

THIS COPY MUST BE COMPLETED AND RETURNED WITH FULL PAYMENT

(If no longer in business, please so indicate and return application)

CITY OF WOODRUFF 231 EAST HAYNES ST. WOODRUFF, SC 29388	NAICS & CLASS	APPLICATION FOR BUSINESS LICENSE FOR THE CALENDER YEAR	NUMBER
FOR RENEWAL OF LICENSE	Verify and correct as necessary all information shown on lines 1-5. Complete all other items to avoid delay in processing.		
DUE DATE		This application with remittance in full must be filed with the Business License Section on or before January 31.	
Separate application required for each business classification and for each location.			
1. BUSINESS NAME AND MAILING ADDRESS:		2. STREET LOCATION:	
BUSINESS OWNERS NAME:		ZONING DISTRICT: _____ TAX MAP #: _____	
BUSINESS PHONE: EMERGENCY PHONE: E-MAIL:			
ITEMS 1-5 MUST BE COMPLETED FOR LICENSE TO BE ISSUED			
3. (1) FED. IDENTIFICATION NO.		OR (2) SOC. SEC. NO.	STATE RETAILLIC#
4. OWNERSHIP Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> (1) (2) (3)		TYPE OF BUSINESS	CONTRACTOR'S PROF. CARD NO.
5. This application is for (check all application blocks) Renewal <input type="checkbox"/> (2)		Ownership Change <input type="checkbox"/> (3)	Location Change <input type="checkbox"/> (6)
Name Change <input type="checkbox"/> (4)		Out of Business <input type="checkbox"/> (7)	Minority Bus. <input type="checkbox"/> (5)
Starting date		New <input type="checkbox"/> (1)	
6. HOSPITALITY TAX APPLICABLE <input type="checkbox"/> YES <input type="checkbox"/> NO Forms Provided <input type="checkbox"/> Yes <input type="checkbox"/> No		APPLICATIONS COMPUTATION OF FEES	
(A) TOTAL GROSS RECEIPTS FOR PRECEDING CALENDAR YEAR ENDING DECEMBER 31, 20 _____		\$ _____	
7. PROPERTY OWNER			
8. CODE CLEARANCES: _____ ZONING _____ BUILDING _____ FIRE _____ POLICE			
9. FIRE/LIFE SAFETY INSPECTION REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF INSPECTION:			
10. IF LICENSE IS BASED ON OTHER THAN GROSS RECEIPTS - GIVE FULL PARTICULARS			
11. IF YOU EMPLOY AN ACCOUNTING OR BOOKKEEPER FIRM - GIVE NAME AND ADDRESS			
12. LIST NAME OF PARTNERS OR OFFICERS OF BUSINESS AND THEIR TITLES:			

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 application.

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 Woodruff, S.C.

BUSINESS, FIRM OR CORPORATION NAME	SIGNATURE OF APPLICANT AND TITLE	DATE
- FOR OFFICE USE ONLY -		
CHECK <input type="checkbox"/> (1) CASH <input type="checkbox"/> (2)	NEW - N GOB - G PROJ. IN FULL - P OUT OF BUSINESS - X TEMPORARY - T VOID - V ADD - D TRANSFER - F PRIOR YR. - Y ADJUSTMENT - A OTHER - O PARTIAL - L	
CORRECTION <input type="checkbox"/> ADD <input type="checkbox"/>		
LICENSE FEE	PENALTY %	PENALTY DUE
AMOUNT DUE		DATE PAID mo day yr
RECEIPT #		