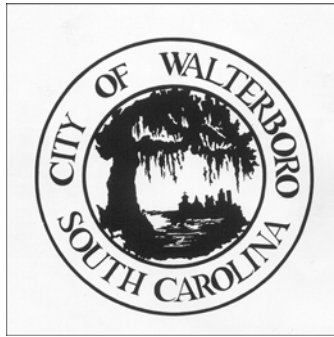


**Application For  
Business or Professional License**

Return Application to:  
City of Walterboro  
Attn: Business License  
248 Hampton Street  
Walterboro, SC 29488  
(843) 549-2545



In order to insure proper credit to your account, you must return this application. Please verify all information listed, and then complete this application as required

Date of Application \_\_\_\_\_

This application is for: New Renewal

Business Name _____	Business Type _____
Mailing Address _____	Class Code _____
City/State/Zip _____	SIC Code _____
Business Location _____	Business Telephone Number _____
Federal ID # _____	Home Telephone Number _____
SSN # _____	License # _____
State Retail # _____	Owner Name _____
SC Residential Builders # _____	Address _____
Drivers License # _____	City/State/Zip _____

(A) Gross Receipts as reported to the S.C. Tax Commission	\$ _____
(B) Less Gross business on which a license fee was paid to another county or city	_____
(C) Total Taxable Receipts (A-B)	_____
(D) Base Tax (first \$2,000.00)	_____
(E) Tax on excess at \$ _____ per \$1,000.00	_____
(F) Penalty (5% per month beginning April 16 <sup>th</sup> )	_____
(G) Total License Fee Due	\$ _____

I(We) do hereby certify that the amount returned as Total Gross from business or profession as reported herein is true and correct, and that I have made no deduction for "drop shipments", "sales to government agencies", "out of city or county deliveries", or otherwise, 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) certify that all personal property taxes have been paid which are due and payable to the City of Walterboro as of this date and that the business name reported herein is the same as on my South Carolina Income Tax return.

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