

**APPLICATION FOR
BUSINESS OR PROFESSIONAL
LICENSE**

Return Application to:
CITY OF CHESTER
100 WEST END STREET
CHESTER, SC 29706
(803) 581-2123



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

NEW BUSINESS FOR CALENDAR YEAR: _____ THIS APPLICATION IS FOR: _____ Corporation
_____ Co-Partnership _____ Single Owner

BUS NAME _____ BUS TYPE _____

OWNERS NAME _____ (Please Print)

MAILING ADDRESS _____ LOCATION CODE _____

CITY/STATE/ZIP _____ RATE CODE _____

BUS LOCATIONS _____ ZONE CODE _____

FEDERAL ID# _____ TELEPHONE NO. _____

SSN# _____ LICENSE # _____

STATE RETAIL # _____ DATE OF APPLICATION _____

SC RESIDENTIAL BLDRS# _____ OTHER _____

(A) GROSS RECEIPTS AS REPORTED TO THE INTERNAL REVENUE SERVICE \$ _____

(B) GROSS ON WHICH LICENSE FEE WAS PAID TO ANOTHER CITY \$ _____

(C) OTHER APPROVED DEDUCTIONS (list) \$ _____

(D) NET GROSS INCOME \$ _____

(E) BASE TAX \$ _____

(F) TAX ON EXCESS AT \$ _____ PER \$ _____ \$ _____

(G) TAX ON EXCESS AT \$ _____ PER \$ _____ \$ _____

(H) LATE PENALTY 5% PER MONTH AFTER FEBRUARY 1ST (renewals) \$ _____

(I) TOTAL LICENSE FEE DUE \$ _____

I (we) do hereby certify that the amount reported as total gross from business or profession as listed 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 City Ordinance providing for penalties and revocation of my (our) license for making false or fraudulent statements in this application.

Signature

Title

Date