

PLEASE SEND PAYMENT WITH APPLICATION

864-429-1720

CITY OF UNION

P O BOX 987
101 SHARPE AVENUE
UNION, SC 29379

APPLICATION FOR LICENSE

To Engage in Business or Profession
FOR THE LICENSE YEAR ENDING

FOR OFFICE USE ONLY	
LICENSE NO. _____	
APPROVED BY: _____	DATE ISSUED _____
REPORT APPLICATION FIGURES FOR PRECEDING CALENDAR YEAR	
For Renewal of License , please verify all information as listed, then complete this application as required. Refer to City of Union Business and Professional License Ordinance for applicable rates. ALL CONCERNS ARE SUBJECT TO AUDITS AND PENALTIES FOR MISREPRESENTATIONS.	
Penalty: Delinquent July 1st Penalty for delinquency in paying license tax is a penalty of 10% to be assessed August 1st, and an additional 5% to be assessed the first of each month until paid. No License shall be issued until all obligations due the City have been paid.	

CLASS	CODE	TYPE OF BUSINESS	GROSS RECEIPTS	FEE

PENALTY _____
TOTAL _____

PHONE NO: _____ SOCIAL SECURITY NO. _____ FEDERAL I.D. NO. _____

IF INFORMATION LISTED IN HEADING IS CORRECT CHECK HERE AND SKIP TO ITEM NO. 4 FOR NEW BUSINESS, OR TO CORRECT HEADING ABOVE, BEGIN WITH ITEM NO. 1

THIS APPLICATION IS FOR:

NEW BUSINESS STARTING DATE _____

RENEWAL OF LICENSE INDIVIDUAL

CHANGE OF OWNERSHIP PARTNERSHIP

CHANGE IN LOCATION CORPORATION

UNLICENSED SUBCONTRACTOR

- NAME OF APPLICANT (INDIVIDUAL OR FIRM) _____
- MAILING ADDRESS _____
- EMAIL ADDRESS _____
- Number of coin operated machines (Itemized on back) _____
- Allowable ordinance deductions (Itemized on separate sheet and attached hereto) \$ _____

Have the amounts reported herein been reported to the South Carolina Tax Commission for the corresponding period? YES NO

If YES, date return filed. _____

6. NAME OF PREVIOUS OWNER, IF OWNERSHIP HAS CHANGED: _____

7. NAME OF YOUR ACCOUNTANT: _____

8. NAMES OF PARTNERS OR OFFICERS OF FIRM: _____

9. HEALTH PERMIT # _____

FOR OFFICE USE ONLY	
APPROVED	DISAPPROVED
BLDG. DEPT. _____	_____
FIRE DEPT. _____	_____
HEALTH DEPT. _____	_____
POLICE DEPT. _____	_____

CERTIFICATION

This is to certify that the above is a true statement of the business done or transacted at or through the above location and the report corresponds with the books and records of the business and with the report of same filed, or to be filed, for the corresponding period with the South Carolina Tax Commission or Insurance Commissioner and with the Collector of Internal Revenue of the United States and that the exact amount returned as TOTAL GROSS RECEIPTS from this business or profession as reported here are true and correct and that I am familiar with the city ordinance providing for penalties and revocation of this license for making false or fraudulent statements in this application and that the books of this business are available for inspection by authorized agents of the City.

I (we) do hereby certify that all personal property taxes have been paid which are due and payable to the City of Union as of this date.

Business, Firm, or Corporation name _____ By _____ Signature of person making oath and title _____ Date _____