

APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2016

CITY OF CLEMSON  
1250 TIGER BLVD. STE. 1  
CLEMSON, SC 29631

Phone: 864-653-2030  
Fax: 864-653-2032

Please Print BUSINESS NAME AND MAILING ADDRESS

Email:

RESP. PERSON: \_\_\_\_\_

\_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

General Contractor:

ADDRESS 2: \_\_\_\_\_

\_\_\_\_\_

CITY, ST., ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

LOCATION of Jobsite:

NAICS CLASS: \_\_\_\_\_

\_\_\_\_\_

BUSINESS DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

ACCOUNTANT NAME: \_\_\_\_\_

# Decals: \_\_\_\_\_

FED TAX ID or S.S. NUMBER: \_\_\_\_\_

OWNERSHIP TYPE:  Individual  LLC  Corp  Partner

**OUT OF TOWN CONTRACTORS:**

SALES TAX NUMBER: \_\_\_\_\_

LICENSES REQUIRED UPON

STATE LICENSE NUMBER: \_\_\_\_\_

COMMENCEMENT OF WORK.

GROSS RECEIPTS \$ \_\_\_\_\_

New \_\_\_\_\_ Renewal \_\_\_\_\_ Update \_\_\_\_\_

I certify that all the information stated above is true and accurate to the best of my knowledge and belief. I understand that the City Code provides for penalties and license revocation for making false or fraudulent statements on this application.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Title

\_\_\_\_\_

Date

Calculation of license based on rate class \_\_\_\_\_

For Gross Receipts not exceeding \$2,000 (Base Rate)

RATE

TOTAL

On each additional \$1,000 or fraction thereof up to \$1,000,000

\_\_\_\_\_

\_\_\_\_\_

On each additional \$1,000 or fraction thereof above \$1,000,000 up to \$3,000,000

\_\_\_\_\_

\_\_\_\_\_

On each additional \$1,000 or fraction thereof above \$3,000,000 up to \$9,999,999,999

\_\_\_\_\_

\_\_\_\_\_

TOTAL PAYMENT DUE \_\_\_\_\_

MASTERCARD/VISA/DISCOVER ACCEPTED