

APPLICATION FOR BUSINESS LICENSE

CITY OF LANDRUM
 100 N. SHAMROCK AVENUE
 LANDRUM, SC 29356

PHONE: 864-457-3000 FAX: 864-457-2702

This Application with remittance in full must be completed and returned with full payment before any business can be conducted within the city limits.

BUSINESS NAME AND MAILING ADDRESS

EMERGENCY CONTACT NAME AND ADDRESS

NAME: _____
 ADDRESS: _____
 ADDRESS 2: _____
 CITY, ST., ZIP: _____
 PHONE: _____
 LOCATION: _____
 BUSINESS DESC: _____
 RESP. PERSON: _____
 OTHER INFORMATION: _____

 Other SC License# _____

 TAX ID NUMBER: _____
 OWNERSHIP TYPE: _____
 (Corp., Individual, Partnership, Etc.)

OFFICE USE ONLY:

NAICS CODE: _____
 RESIDENT: _____
 RATE: _____

CALCULATION OF LICENSE FEE:

LICENSE FEE

GROSS RECEIPTS \$ _____

(See rate schedule below)

Late Payment Penalty _____

Total Payment _____

EMAIL: _____

5% PENALTY PER MONTH LICENSE DELINQUENT

 Signature

 Title

 Date

Calculation of license fee based on rate schedule.

	<u>RATE</u>	<u>TOTAL FEE</u>
For Gross Receipts not exceeding \$2,000	\$.000000	_____
On each additional \$1,000 or fraction thereof between \$2,000 and \$1,000,000	\$0.0000	_____
On each additional \$1,000 or fraction thereof between \$1,000,000 and \$2,000,000	\$0.0000	_____
On each additional \$1,000 or fraction thereof between \$2,000,000 and \$3,000,000	\$0.0000	_____
On each additional \$1,000 or fraction thereof between \$3,000,000 and \$4,000,000	\$0.0000	_____
On each additional \$1,000 or fraction thereof between \$4,000,000 and \$999,999,999,999	\$0.0000	_____

PLEASE NOTE:

If you have any questions or need help calculating your license amount, please call The City Clerk at (864)457-3000.
 Email Contact: rita.bruce@cityoflandrumsc.com camille.corn@cityoflandrumsc.com