



THE TOWN OF CHESTERFIELD
BUSINESS LICENSE RENEWAL APPLICATION

CUSTOMER NUMBER:
RATE CLASS:

www.chesterfield-sc.com

Mailing address

Blank lines for mailing address

Corporation Sole Proprietor Partnership LLC

Location of Business if different than mail address:

Resident Business Non-Resident Business (Outside Town Limits)

Type of Business:

Location Phone #

Cell Phone #

Email Address:

SS # SS #

Federal ID#

SC Contractor's License #

SC State Retail License #

FOR LICENSE YEAR: 05/01/ - 05/30/

Table with 2 columns: Description, Amount. Rows include Gross Income, Minus Base Fee, Balance, Divide by 1000, and Multiply by rates.

Table with 2 columns: Description, Amount. Rows include Base Fee, Tax on excess, Tax on excess at, TOTAL LICENSE TAX, PENALTY, and TOTAL LICENSE TAX AND PENALTY DUE.

Renewal fees are due upon receipt. Penalties apply after 31.

May

THE IRS HAS ISSUED A RULING THAT A COPY OF YOUR FEDERAL INCOME TAX RETURN BE REQUIRED TO BE ATTACHED TO YOUR BUSINESS LICENSE APPLICATION.

I (WE) DO HEREBY CERTIFY THAT THE AMOUNT RETURNED AS TOTAL GROSS FROM MY (OUR) BUSINESS OR PROFESSION AS REPORTED HEREIN IS TRUE AND CORRECT...

I (WE) DO HEREBY CERTIFY THAT ALL PERSONAL PROPERTY TAXES HAVE BEEN PAID WHICH ARE DUE AND PAYABLE TO THE TOWN OF CHESTERFIELD AS OF THIS DATE...

Signature Title Date

Completed applications should be mailed to The Town of Chesterfield, Business License Department, P.O. Box 350, Chesterfield, SC 29709 or brought to our office located in Town, 112 Main Street, Chesterfield, SC. If you have questions concerning this application, please call us at 843-623-2131. Our FAX number is 843-623-2132. DO NOT MAIL CASH