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Mailing address

THE TOWN OF CHESTERFIELD BUSINESS LICENSE RENEWAL APPLICATION

CUSTOMER NUMBER:

RATE CLASS:

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: 05/01/20 - 04/30/20

NASIC Code

BUSINESS LICENSE FEE CALCULATION	
1. GROSS INCOME: Sales/Receipts for the Calendar or Fiscal Year _____ as reported to IRS	\$ _____
(If not in business for 12 months, estimate income for current license year based on 12 months)	
2. Minus: Base Fee \$0 - 2000.00	\$ (2000.00)
3. Balance	\$ _____
4. Divide by 1000	\$ _____
5. Multiply by _____ (rate per \$1000.00) X	\$ _____
(for \$2001.00-\$999,999.99)	
6. Multiply by _____ (rate per \$1000.00) X	\$ _____
(for over \$1,000,000.00)	

BUSINESS LICENSE FEES	
7. Base Fee	\$ _____
8. Tax on excess (see #5 of calculations) + (for \$2001.00-\$999,999.99)	\$ _____
9. Tax on excess at (see #6 of calculations) + (for over \$1,000,000.00)	\$ _____
TOTAL LICENSE TAX	\$ _____
PENALTY - 5% per month of total tax +	\$ _____
TOTAL LICENSE TAX AND PENALTY DUE	\$ _____

Renewal fees are due upon receipt. Penalties apply after ~~30~~ ^{May} 31.

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. YOU MAY DO SO, BUT YOU ARE NOT REQUIRED TO ATTACH YOUR FEDERAL RETURN UNLESS A SPECIFIC REQUEST IS MADE FOR AUDIT PURPOSES. THE APPLICANT SHALL HAVE THE BURDEN TO ESTABLISH THE RIGHT TO EXEMPT INCOME BY SATISFACTORY RECORDS AND PROOF SUBMITTED WITH THEIR APPLICATION. DEDUCTIONS WILL NOT BE ACCEPTED WITHOUT WRITTEN DOCUMENTATION FROM NECESSARY AGENCY.

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, AND THAT I AM FAMILIAR WITH THE CITY ORDINANCE PROVIDING FOR PENALTIES AND REVOCATION OF MY (OUR) LICENSE FOR MAKING FALSE FRAUDULENT STATEMENTS IN THIS APPLICATION.

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 AND THAT THE BUSINESS NAME IS THE SAME AS REPORTED ON MY SOUTH CAROLINA INCOME TAX RETURN.

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**