



APPLICATION FOR BUSINESS OR PROFESSIONAL LICENSE

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IN ORDER TO INSURE PROPER CREDIT TO YOUR ACCOUNT, YOU MUST RETAIN THIS COMPLETED APPLICATION. PLEASE COMPLETE THE APPLICATION, VERIFY ALL INFORMATION AND RETURN THE COMPLETED FORM TO:

Town of Chapin
P.O. Box 183 Chapin, SC 29036
803-345-2444

This application is for: ___ Corporation ___ Co-Partnership ___ Single Owner ___ LLC

Business Application for Calendar Year: ___ 2016 ___ 2017 ___ 2018 ___ 2019

Business Name _____

Owner Name _____

Business Phone _____ Mobile Phone _____ Fax _____

Mailing Address _____ Business Address _____

Mailing City/St/Zip _____ Business City/St/Zip _____

Web Site _____ E-mail _____

Federal ID# _____ SSN# _____

License Number _____ State Retail # _____

NAICS Code _____ Business Type _____

Project _____ Project Location _____

of Employees _____

(A) Gross Receipts	\$ _____
(B) Base Tax	\$ _____
(C) Tax on Excess at \$ _____ per \$ _____	\$ _____
(D) Outside of Town (Chapin) – Increase by 100%	\$ _____
(E) Penalty – 5% per month beginning April 16 th	\$ _____
(F) Total license fee due	\$ _____

I/WE DO HEREBY CERTIFY THAT THE AMOUNT RETURNED AS TOTAL GROSS RECEIPTS FROM BUSINESS OR PROFESSION AS REPORTED HEREIN IS TRUE AND CORRECT, AND I HAVE MADE NO DEDUCTION FOR "DROP SHIPMENTS", "SALES TO GOVERNMENT AGENCIES", "OUT OF CITY OR COUNTY DELIVERIES", OR OTHERWISE, AND THAT I AM FAMILIAR WITH CITY ORDINANCE PROVIDING FOR PENALTIES AND REVOCATION OF MY (OUR) LICENSE. I/WE DO HEREBY CERTIFY THAT ALL PERSONAL PROPERTY TAXES HAVE BEEN PAID WHICH ARE DUE AND PAYABLE TO THE TOWN OF CHAPIN AS OF THIS DATE AND THE BUSINESS NAME REPORTED ON MY SOUTH CAROLINA INCOME TAX RETURN.

Signature _____

Title _____

Date _____