



APPLICATION FOR BUSINESS OR PROFESSIONAL LICENSE

www.chapin.sc.com

PLEASE RETAIN A COPY OF THIS COMPLETED APPLICATION. AFTER THE APPLICATION IS PROCESSED AND TAX IS CALCULATED AN INVOICE WILL BE EMAILED WITH PAYMENT INSTRUCTIONS. 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 Year: 2023 2024 2025 2026

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 (Annual Revenue/Income)	\$ _____
*APPLICANT TO COMPLETE LINE (A) ONLY.	(B) Base Tax	\$ _____
	(C) Tax on Excess at \$ _____ per \$ _____	\$ _____
	(D) Outside of Town (Chapin) - Increase by 100%	\$ _____
	(E) Penalty - 5% per month beginning May 1st	\$ _____
	(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 _____