

**Application for
Business or Professional License**

Return Application to:
City of Walterboro
Attn: Business License
300 Hampton Street
Walterboro, SC 29488
(843) 782-1065



In order to insure proper credit to your account, you must return this application. Please verify all information listed, and then complete this application as required

Date of Application _____ This application is for: New Renewal

Business Name	Business Type
Mailing Address	NAICS Code
City/State/Zip	SIC Code
Business Location	Rate Class
Federal ID #	Business Telephone Number
SSN #	Home Telephone Number
State Retail #	Owners Name
SC Residential Builders #	Owners Address
Drivers License #	City/State/Zip

JOB SITE ADDRESS: _____

(A) Gross Receipts	\$
(B) Less Gross business on which a license fee was paid to another county or city	
(C) Total Taxable Receipts (A-B)	
(D) Base Tax (first \$2,000.00)	
(E) Tax on excess at \$_____ per \$1,000.00	
(F) Penalty (5% per month beginning May 1 st)	
(G) Total License Fee Due	\$

I (We) do hereby certify that the amount returned as Total Gross from business or profession as reported herein is true and correct, and that 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 the city ordinance providing for penalties and revocation of my (our) license for making false or fraudulent Statements in this application.

I (We) certify that all personal property taxes have been paid which are due and payable to the City of Walterboro as of this date and that the business name reported herein is the same as on my South Carolina Income Tax return.

Signature Title Date