

**APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2010**

TOWN OF CLOVER  
P.O. BOX 1060  
CLOVER, SC 29710

PHONE: 803-222-9495 FAX: 803-222-6955

This Application with remittance in full must be completed and returned with full payment before **08/01/2010**.

If no longer in business, please so indicate and return the application.

BUSINESS NAME AND MAILING ADDRESS

EMERGENCY CONTACT NAME AND ADDRESS

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
ADDRESS 2: \_\_\_\_\_  
CITY, ST., ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
LOCATION: \_\_\_\_\_  
BUSINESS CLASS: \_\_\_\_\_  
BUSINESS DESC: \_\_\_\_\_  
RESP. PERSON: \_\_\_\_\_  
ACCOUNTANT NAME: \_\_\_\_\_  
BONDING COMPANY: \_\_\_\_\_  
BOND NUMBER: \_\_\_\_\_  
OTHER LICENSE # \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TAX ID NUMBER: \_\_\_\_\_

OWNERSHIP TYPE: \_\_\_\_\_  
(Corp., Individual, Partnership, Etc.)

**OFFICE USE ONLY:**

CODE: \_\_\_\_\_

RESIDENT: \_\_\_\_\_

RENEW: \_\_\_\_\_

FAL: \_\_\_\_\_

**CALCULATION OF LICENSE FEE:**

LICENSE FEE

GROSS RECEIPTS \$ \_\_\_\_\_

Late Payment Penalty \_\_\_\_\_

Total Payment \_\_\_\_\_

Before calculating license fee please round your gross receipts amount up to the nearest thousand to get the correct fee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PLEASE NOTE:**