

APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2011

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 **08/01/2011**.

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:

ALL CONTRACTORS MUST SEND IN A COPY OF YOUR SC STATE CONTRACTORS LICENSE WITH BUSINESS LICENSE APPLICATION.