BUSINESS LICENSE APPLICATION

Date 06/28/06

License#: ___________
ID Number: ___________

Town of Prosperity
P.O. Box 36
250 School Drive
Prosperity, SC 29127

Application for License to Engage in Business or Profession within the corporate limits of the Town of Prosperity for current calendar year. Application and License fee must be filed and paid prior to April 14th of the current calendar year to avoid penalty.

License for Calendar Year: 20 ___ ___
Name: ____________________________
Address: __________________________
____
____

TYPE OF BUSINESS
Individual ______
Partnership ______
Corporation ______

Emergency Contact:
Name: ____________________________
Address : __________________________
____

Phone No. _____- _____- ______
Emerge. Phone No. ____- _____- ______

Business Location: ____
Classification: ____
Officer: ____
Business Description: ____
Phone: ____
Federal ID or SS# ____

OFFICE USE ONLY
Code:
Fal:
Resident:
Renew:

Name of Accountant: ____
Location: ____
Bonding Co.: ____
Other License #: ____

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BUSINESS LICENSE RATES:
License Fee to be calculated by Business License Official
Gross Receipts $ (____________________) License Fee $ (________)

This is to certify that the above is a true statement of the business transacted at or through the above location(s) for the previous calendar year ending ____________, or the last completed Fiscal year, and that the report corresponds with the records of the Business and with the report of same filed or to be filed, for the corresponding period with the S.C. Tax Commission or Insurance Commissioner. I also certify that all property taxes applicable to this business are current and will remain current. I understand that the City Ordinance Provides for Penalties and License Revocation for making false or fraudulent statements in the application and that an authorized agent of the City may examine and audit the books and records of the applicant. Penalty of 10% will be assessed after due date, then 5% each month thereafter.

______________________________ ________________________ _____________

Authorized Signature Title Date