



TOWN OF SPRINGDALE

2915 Platt Springs Road, Springdale, SC 29170

www.springdale.sc.com

803-794-0408

2023-2024

APPLICATION FOR BUSINESS LICENSE

BUSINESS INFORMATION:			
Name of Business:		Federal ID/SSN #	
Physical Address:		City	State
Mailing Address (if different):		City	State
Owner/Contact Name:		Owner/Contact Phone #:	Owner/Contact Email:
Type of Ownership:	Sole Proprietor <input type="checkbox"/>	Corporation <input type="checkbox"/>	LLC <input type="checkbox"/>
	Partnership <input type="checkbox"/>	Other <input type="checkbox"/>	
Are you a State Licensed Contractor: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide your License #			
Type of Business		<input type="checkbox"/> New License	<input type="checkbox"/> Renewal License

PLEASE NOTE: OUR BUSINESS LICENSE YEAR RUNS FROM MAY 1ST TO APRIL 30TH

FOR IN-TOWN FULL-YEAR BUSINESS LICENSES <small>(BUSINESS LOCATED WITHIN CORPORATE LIMITS OF SPRINGDALE)</small>	FOR OUT-OF-TOWN FULL YEAR BUSINESS LICENSES <small>(BUSINESS LOCATED OUTSIDE THE CORPORATE LIMITS OF SPRINGDALE)</small>
Gross Receipts from Preceding Year: (or Estimate for New Business)	Total Gross from Preceding Year (New Businesses: Estimate Gross Revenue Within Town):
Allowable Deductions: (Documentation must be provided to claim a deduction)	
Total Gross:	
Is this a Home-Based Business: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, you will be required to submit a "Home Occupation Permit")</i>	
CONTRACTORS ONLY - PER-JOB LICENSES	
Total Value of Job:	Estimated Completion Date:
Job Location:	

I attest that all of the information submitted on this form is true and correct. I further attest that I have the authority to apply for a Business License on behalf of this entity. The Town of Springdale will not be held liable for any omissions or misrepresentations herein. I am familiar with the Town of Springdale Code of Ordinances Chapter 11, Section 7 which provides for penalties and the revocation of this license for making false or fraudulent statements in this application. I understand that this license application must be completed in its entirety in order for a Business License to be issued.

Applicant (PRINT)

Applicant Signature

Date

OFFICIAL USE ONLY

NAICS Code:		License Number:	
Rate Class:		Processed By/Date	
Base Fee:		Receipt #:	
Rate Charge:		Zoning Compliant:	Yes No
Penalty:		Notes:	
Total Fee:			

Business License Rate Schedule

IN-TOWN LICENSES ONLY

Rate Class	Base Rate \$0-\$2000	Rate per additional \$1,000
1	\$40.00	\$1.50
2	\$45.00	\$1.55
3	\$50.00	\$1.60
4	\$55.00	\$1.65
5	\$60.00	\$1.70
6	\$65.00	\$1.75
7	\$70.00	\$1.80
8.1	\$50.00	\$1.25
8.2	\$75.00	-
8.51	\$12.50 + \$12.50 per machine	-
8.52	\$12.50 + \$180.00 per machine	-
9.41	\$140.00	\$1.40

OUT-OF-TOWN LICENSES ONLY

Rate Class	Base Rate \$0-\$2000	Rate per additional \$1,000
1	\$80.00	\$3.00
2	\$90.00	\$3.10
3	\$100.00	\$3.20
4	\$110.00	\$3.30
5	\$120.00	\$3.40
6	\$130.00	\$3.50
7	\$140.00	\$3.60
8.1	\$100.00	\$2.50
8.2	\$150.00	-
8.51	\$25.00 + \$25.00 per machine	-
8.52	\$25.00 + \$360.00 per machine	-
9.41	\$140.00	\$1.40

DECLINING RATES

Declining Rates apply in all classes for gross income in excess of \$1,000,000 unless otherwise specifically provided in this ordinance.

Gross Income	% of class rate for each additional \$1,000
\$0-\$1,000,000	100%
\$1,000,001 - \$2,500,000	95%
\$2,500,001 - \$5,000,000	90%
\$5,000,001 - \$7,500,000	85%
\$7,500,001 - \$10,000,000	80%
over \$10,000,000	75%