

## **TOWN OF SPRINGDALE**

2915 Platt Springs Road, Springdale, SC 29170 www.springdalesc.com 803-794-0408

#### APPLICATION FOR BUSINESS LICENSE

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<b>BUSINESS INFORM</b>	ATION:							
Name of Business:				Federal ID/SSI			ral ID/SSN #	
Physical Address:				City		I	State	Zip Code
Mailing Address (if different):				City		State	Zip Code	
Owner/Contact Name:	er/Contact Name: Owner/Contact Phon			e #: Owner/Contact Email:			<u>. I</u>	
Type of Ownership: Sole Proprietor Corporation			ion	LI	LC	Partne	rship	Other
Are you a State License	Are you a State Licensed Contractor: Yes No If yes, please provide your License #							
Type of Business				New License Renewal License				
PLE	EASE NOTE: OUR B	USINESS LICENS	SE YEAR	RUNS	FROM N	VAY 1 <sup>ST</sup> TO	O APRIL 30 <sup>TH</sup>	_
	FULL-YEAR BUSIN			FOR OUT-OF-TOWN FULL YEAR BUSINESS LICENSES (BUSINESS LOCATED OUTSIDE THE CORPORATE LIMITS OF SPRINGDALE)				
Gross Receipts from Preceding Calendar Year: (or Estimate for New Business)  Allowable Deductions:(Documentation must be provided to claim a deduction)		Est	Total Gross from Preceding Calendar Year (New Businesses: Estimate Gross Revenue Within Town):					
Total Gross:								
Is this a Home-Based Bu (If yes, you will be required	_	No Occupation Permit")	)	_				
		CONTRACTORS		- PER-	JOB LIC	ENSES		
Total Value of Job:			Es	timated	d Comple	tion Date:		
Job Location:								
I attest that all of the apply for a Business L misrepresentations he provides for penalties understand that this li	License on behalf on Berein. I am familia Sand the revocation	of this entity. The iar with the Tov ion of this licens	The Towr wn of Sp se for m	n of Sp pringda naking f	oringdale ale Code false or	e will not e of Ordin frauduler	be held liable ances Chapte nt statements	e for any omissions or r 11, Section 7 which in this application. I
Applicant (PRINT) Applicant Signature			nt Signat	nature Date			Date	
		OFFIC	CIAL U	SE OI	NLY			
NAICS Code:			se Numb					
Rate Class:			essed By/	/Date				
Base Fee:		Receip	•					
Rate Charge:			g Compl	liant:	Yes	No		
Penalty:		Notes	<b>;:</b>					
Total Fee:	<b>A</b>							

# **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%