

Town of Gray Court

Standardized Business License Application

329 W Main St | PO BOX 438 | Gray Court, SC 29645
Phone: 864.876.2581 | Fax: 864.876.3999

City or County: _____

Business Information

Corporate name: _____

Name shown to public: _____

Open date: _____

Organization type: Sole proprietor LLC LLP LP Corporation

Articles of Organization or Incorporation may be required.

Business activity/type: _____

NAICS/SIC/Other code: _____

Federal ID/SSN #: _____

State retail sales #: _____

Mailing address: _____

Physical address: _____

Inside jurisdiction, Tax parcel #: _____ Outside jurisdiction

Contact name, title: _____

Contact phone: _____

Ext. _____

Alternate phone: _____

Fax: _____

Email: _____

Owner or Principal(s) Information

Owner or Principal(s)
name(s), title(s): _____

SSN #: _____

SSN #: _____

Driver's license #: _____

State: _____

Expiration date: _____

Mailing address: _____

Work phone: _____

Ext. _____

Cell phone: _____

Fax: _____

Email: _____

Job/Project Information

Project start date: _____

Estimated end date: _____

Project location: _____

Tax parcel #: _____

Project type: _____

New construction

Renovation

Other _____

General contractor name: _____

State contractor license #: _____

State: _____

Expiration date: _____

Copy may be required

Master/specialty license #: _____

Job contact name: _____

Phone: _____

Total gross revenues or contract amount: \$ _____

Gross revenues, inside jurisdiction: \$ _____

Gross Revenues, outside jurisdiction: \$ _____

Value of authorized deductions: \$ _____

Deduction type(s): _____

Contact your city business licensing office with questions regarding this form.



Application produced by the South Carolina Business Licensing Officials Association.
The SC Business Licensing Officials Association is an affiliate of the Municipal Association of SC.

Other Information

<input type="checkbox"/> Yes <input type="checkbox"/> No	Buying an existing construction business? <i>If yes, purchased business' name:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Business leasing space to another business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Mail business license renewals to mailing address listed in the business information section on the previous page? <i>If not, corporate address:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Change of use to building?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Erecting a new sign?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Existing business with no prior license?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Home occupation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Independent contractors (Form 1099)? <i>If yes, names:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Leasing property? <i>If yes, landlord name and address:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Restrictive covenants? If yes, provide copy.

Applicant Certification *(Contact the municipality in which you are doing business to determine if a notarized signature is required.)*

- I hereby certify that all information provided is true and correct to the best of my knowledge and that the gross revenue is accurately reported or estimated for a new business without any unauthorized deduction.
- I certify that assessments, delinquencies and personal property taxes due to the jurisdiction are fully paid.
- I understand that providing false or fraudulent information may result in penalties, business license revocation and/or prosecution to the fullest extent possible.
- I am aware of and understand the jurisdiction's requirements and codes, and the issuance of a business license is contingent upon strict and consistent compliance with all of the jurisdiction's requirements.
- I understand that failure to comply with these requirements may result in business license revocation as well as other compliance or legal efforts.
- I also understand and authorize the jurisdiction and its agents to utilize all information on this application to ensure that all other federal, state and local laws are complied with.

Applicant printed name:

Signature:

Title:

Date:

For Office Use Only

Approved by all necessary departments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments		
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Business license #	Rate class:	
Rate Base rate: \$	Every \$1,000 after: \$	
Amount due Fee: \$	Penalties: \$	Total: \$
Decal required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cost/each: \$	Total: \$
Receipt Amount paid: \$	Date paid:	Number of decals:
Staff name:	Signature:	Date:

DELINQUENT AFTER FEBRUARY 28TH

Penalty for delinquent in paying License Tax is outlined below:
During Month of March – 5% During April – 10% thereafter 15%

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