

APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2012

**CITY OF CLEMSON
1250 TIGER BLVD. STE. 1
CLEMSON, SC 29631**

**Phone: 864-653-2031
Fax: 864-653-2032**

Please Print BUSINESS NAME AND MAILING ADDRESS

RESP. PERSON: _____
 BUSINESS NAME: _____
 ADDRESS: _____
 ADDRESS 2: _____
 CITY, ST., ZIP: _____
 PHONE: _____
 LOCATION of Business/Job: _____

 NAICS CLASS: _____
 BUSINESS DESCRIPTION: _____
 ACCOUNTANT NAME: _____
 FED TAX ID or S.S. NUMBER: _____
 OWNERSHIP TYPE: Individual LLC Corp Partner
 SALES TAX NUMBER: _____
 STATE LICENSE NUMBER: _____

EMERGENCY CONTACT NAME AND PHONE

In-town Businesses are required to submit this application with full remittance and proof of gross receipts for Renewals by **April 30th, 2012.** Penalty for delinquent payment of the license fee begins May 1st - 5%, June 1st - 10% and July 1st - 15%.

Out-of-Town Businesses/Contractors are required to obtain or renew business licenses before commencement of all work within the City of Clemson.

CALCULATION OF LICENSE FEE:

GROSS RECEIPTS \$ _____

(See rate schedule below) BASE FEE _____

Plus Per \$1,000 rate _____

Late Payment Penalty _____

Total Payment Due _____

LICENSE FEE

I certify that all the information stated above is true and accurate to the best of my knowledge and belief. I understand that the City Code provides for penalties and license revocation for making false or fraudulent statements on this application.

 Print Name

 Signature

 Title

 Date

Calculation of license fee based on rate schedule _____

For Gross Receipts not exceeding \$2,000 (Base Fee)

<u>RATE</u>	<u>TOTAL FEE</u>
_____	_____

On each additional \$1,000 or fraction thereof up to \$1,000,000

_____	_____
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On each additional \$1,000 or fraction thereof above \$1,000,000 up to \$3,000,000

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On each additional \$1,000 or fraction thereof above \$3,000,000 up to \$9,999,999,999

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TOTAL PAYMENT DUE _____

MASTERCARD/VISA ACCEPTED