



TOWN HALL-1830

Town of Winnsboro
PO Box 209 • 610 West Moultrie Street
Winnsboro, SC 29180

Tel: (803) 815-0348
Fax: (803) 815-1133
aevans1@truvista.net

Business License Application Form

Application Date: Fiscal Year:
Applicant's Name: Gross Receipts:
Business Name:
Mailing Address: City State Zip
Business Location: City State Zip
E-Mail Address: Web Site:
Contact Name:
Phone #: Cell #: Fax#:
Federal ID #/SSN#: State Retail Sales #:
Renewal of License: YES or NO New Business: YES or NO Starting Date:
Type of Business:
Is this a Change in location: YES or NO is this ownership change? YES or NO
Type of Ownership: Sole Proprietor Partnership Corporation Other
Will the business have coin-operated machines? YES or NO (If Yes additional fees apply)
Will the business rent booths, beautician, barber, etc.? YES or NO (If Yes, How many booths?)
Will the business have on-site alcohol consumption? YES or NO

NOTE: FOR HAIR/NAIL SALONS & BARBER SHOPS ONLY

If you are the owner of the Hair/Nail Salon or Barber shop, please provide a list of booth renters. (Booth-renters would be anyone who is not a W-2 employee of your business). Anyone who does not receive a W-2 will need to obtain their own business license.

IMPORTANT: READ BEFORE SIGNING

I (we) do hereby certify that the amount returned as total gross from my business or profession as reported herein is true and correct, and that I have made no deductions for "drop shipments," "sales to governmental agencies," "out of town deliveries," or otherwise, and that I am familiar with the Town Ordinance providing for penalties and revocation of my (our) license for making false or fraudulent statements in this application. I (we) do hereby certify that all personal property taxes have been paid which are due and payable to the Town of Winnsboro as of this date. FOR RENEWAL OF LICENSE: please verify all information as listed. Then complete the application as required. Refer to back of form for applicable rates. ALL CONCERNS ARE SUBJECT TO ADULTS AND PENALTIES FOR MISREPRESENTATION. LATE PENALTIES START AUGUST 1ST, 5% PER MONTH OR FRACTION THEREOF UNTIL PAID.

SIGNATURE TITLE DATE

FOR OFFICE USE ONLY

Table with 4 columns: Class, Acct/BL, Fee, Paid, Penalties, Total Amount Due, Cash or Check, Check #, BL Printed Name, BL Official Signature, Date.

RATES

Declining rate Applies in all Classes for Gross Income, Excess of \$ 250,000.

RATE CLASS	<u>INCOME 0- \$ 2000</u> MINIMUM FEE	<u>All Over \$ 2000</u> Rate per Thousand or fraction thereof
1	47.00	\$1.68
2	47.00	\$1.47
3	56.00	\$1.61
4	56.00	\$1.61
5	63.00	\$1.68
6	70.00	\$1.75
7	77.00	\$1.82
8	See Individual Business In Class 8*	

<u>Amount of Gross Income</u>	<u>Percent of Rate for Each Additional \$ 1,000</u>
250,000 - 500,0000	25%
500,000 - 750, 0000	20%
750,000 - 1,000,000	15%
All Over 1,000,000	10%

CLASS 8 RATES

NAICS	<u>Income</u>	<u>All over \$ 2000</u> <u>Per \$ 1,000</u> <u>or fraction</u>
8.1 – 8.10 Contractor, Construction All types		
(a) Having place of business within the Town	0 – 2000	\$ 56.00
	2000	\$ 1.54

(b) Itinerate (no place of business with the Town or Non-resident of Fairfield County), double above rate.

ANY PERSON OR FIRM NOT OPERATING A REGULAR ESTABLISHED BUSINESS DULY LICENSED BY THE TOWN OF WINNSBORO TO DO BUSINESS WITHIN THE TOWN OF WINNSBORO WILL BE REQUIRED TO PROVIDE PROOF OF A PERFORMANCE BOND IN THE MINIMUM AMOUNT OF TWO THOUSAND FIVE HUNDRED DOLLARS (\$2,500). PROOF OF BONDING WILL BE SUBMITTED TO THE CLERK/TREASURER SHOWING THE AMOUNT OF THE BOND, AND DATES IN FORCE, WITH THE BUSINESS LICENSE APPLICATION.

Rates approved by Council June 15, 2010 with the budget, effective July 1, 2010.

GROSS RECEIPTS: _____ (ROUND UP TO NEXT THOUSAND)

ROUNDED: _____

FIRST 2,000 REPORTED: _____ = _____

BALANCE: _____

NEXT 248,000 REPORTED: _____ = _____ X _____ = _____

BALANCE: _____

NEXT 250,000 REPORTED: _____ = _____ X _____ X 25% = _____

BALANCE: _____

NEXT 250,000 REPORTED: _____ = _____ X _____ X 20% = _____

BALANCE: _____

NEXT 250,000 REPORTED: _____ = _____ X _____ X 15% = _____

BALANCE: _____

REMAINING BALANCE: _____ = _____ X _____ X 10% = _____

TOTAL AMOUNT DUE: _____

AMOUNT RECEIVED: _____

BALANCE DUE: _____

LATE FEES: _____

TOTAL AMOUNT DUE: _____