

**APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2013-14**

**AVOID PENALTY**

This Application with remittance in full must be completed and returned with full payment on or before **5/20/2014**

If no longer in business, please so indicate and return the application.

CITY OF EASLEY  
PO BOX 466  
EASLEY, SC 29641

PHONE: 864-855-7900 FAX: 864-855-7905

BUSINESS NAME AND MAILING ADDRESS

LIST PARTNER NAMES AND PHONE NUMBERS

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 ADDRESS 2: \_\_\_\_\_  
 CITY, ST., ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 LOCATION: \_\_\_\_\_  
 BUS.CLASS/CODE: \_\_\_\_\_  
 BUSINESS DESC: \_\_\_\_\_  
 RESP. PERSON: \_\_\_\_\_  
 ACCOUNTANT NAME: \_\_\_\_\_  
 TAX ID NUMBER: \_\_\_\_\_  
 OWNERSHIP TYPE: \_\_\_\_\_  
(Corp., Individual, Partnership, Etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PLEASE NOTE: Proof of gross receipts must accompany this application. Examples of proof of gross receipts are:

- 1) Copy of your tax return
- 2) Certified letter from your accountant
- 3) Accountant's signature or stamp on this application.
- 4) Excel or Quicken

No license will be processed without this information. Your accountant must be an independent firm.

**CALCULATION OF LICENSE FEE:**

LICENSE FEE

GROSS RECEIPTS \$ \_\_\_\_\_

(See rate schedule below)

Late Payment Penalty \_\_\_\_\_

Total Payment \_\_\_\_\_

\*\*AFTER 05/20/2014 A 5% PENALTY PER MONTH IS DUE\*\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

*Calculation of license fee based on rate schedule 5000*

RATE

TOTAL FEE

For Gross Receipts not exceeding \$0

\$0.0000

On each additional \$0 or fraction thereof between \$0 and \$0

0.0000

**PLEASE NOTE:**

ALL BUSINESSES MUST REGISTER THEIR BURGLAR AND/OR FIRE ALARMS WITH THE EASLEY POLICE DEPARTMENT. PLEASE CALL 864-855-7923 FOR MORE INFORMATION.