



CITY OF CAYCE, SC
 P.O. Box 2004 • Cayce, SC 29171
**APPLICATION FOR BUSINESS
 AND PROFESSIONAL LICENSE**
 FOR THE LICENSE YEAR 2013

FOR OFFICE USE ONLY	
	PROCESSED BY
CODE	DATE ISSUED
CLASSIFICATION	RECEIPT NO.

DATE PRINTED

OUR RECORDS INDICATE YOU MUST FILE A RETURN OR RENEW THE FOLLOWING:

BUSINESS ID

LICENSEE:

Social Security No and/or Federal Employer's
 Identification Number _____

DECLINING RATES

Declining Rate applies in all Classes for gross income in excess of \$1,000,000 as follows:

Amount (in Millions) Gross Income	Percent of Rate for each additional \$1,000
\$0 - \$5	100%
\$5 - \$7	95%
\$7 - \$9	90%
\$9 - \$110	85%
Over - \$110	45%

PENALTY FOR DELINQUENCY IN PAYING TAX IS
 5% PER MONTH OR FRACTION THEREOF UNTIL PAID.
 LICENSE DUE APRIL 15

IF INFORMATION LISTED IN HEADING IS CORRECT CHECK HERE AND SKIP TO ITEM #5. FOR NEW BUSINESS OR CORRECTIONS TO HEADING ABOVE, FILL IN ITEMS 1,2,3,4, ETC.

1. NAME OF APPLICANT (INDIVIDUAL OR FIRM) _____

2. MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

3. BUSINESS LOCATION _____ CITY _____ STATE _____ ZIP _____

4. TYPE OF BUSINESS _____ PHONE NO. _____

5. THIS APPLICATION IS FOR:

NEW BUSINESS _____ STARTING DATE _____

RENEWAL OF LICENSE CORPORATION

CHANGE OF OWNERSHIP LLC PARTNERSHIP

CHANGE OF LOCATION SINGLE OWNERSHIP

6. REPORT APPLICABLE FIGURE FOR PRECEDING YEAR:

_____	_____	_____
GROSS RECEIPTS/INCOME	NO. OF EMPLOYEES IN CITY	NO. OF MONTHS IN BUSINESS

7. IF THIS IS CHANGE IN OWNERSHIP, GIVE NAME OF PREVIOUS OWNER _____

8. IF YOU EMPLOY AN ACCOUNTING OR BOOKKEEPING FIRM, GIVE NAME, ADDRESS AND PHONE NO. _____

9. LIST NAME OF PARTNERS OR OFFICERS OF FIRM, AND GIVE THEIR TITLES _____

10. DURING THE YEAR JUST ENDED GROSS CONTRACT BUSINESS WAS AS LISTED BELOW:

Gross contract business physically executed within Cayce _____

Gross contract business physically executed outside Cayce _____

Gross contract business outside Cayce on which license fee was paid to a town or city (Cayce contractors) _____

NOTE WHERE APPLICABLE CURRENT MASTER LICENSE INFORMATION MUST BE FURNISHED

YEAR	MASTER GAS NO	MASTER ELECTRICIAN NO	MASTER PLUMBING NO

Please figure amount due here and remit with application:

On Gross Receipts or contracts not exceeding _____

On each additional \$1000 or fraction thereof: _____

_____ M @ _____ = _____

TOTAL DUE _____ % PENALTY = TOTAL DUE _____

A. THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE STATEMENT OF THE BUSINESS DONE OR TRANSACTED AT OR THROUGH THE ABOVE LOCATION (OR LOCATIONS) FOR THE CALENDAR YEAR ENDING DECEMBER 31, 20____; OR LAST COMPLETED FISCAL YEAR AND THE REPORT CORRESPONDS WITH THE BOOKS AND RECORDS OF THE BUSINESS AND WITH THE REPORT OF SAME FILED, OR TO BE FILED, FOR THE CORRESPONDING PERIOD WITH THE SOUTH CAROLINA TAX COMMISSION, OR INSURANCE COMMISSIONER, AND WITH THE COLLECTOR OF INTERNAL REVENUE OF THE UNITED STATES.

B. I (WE) DO HEREBY CERTIFY THAT THE EXACT AMOUNT RETURNED AS TOTAL GROSS RECEIPTS FROM MY BUSINESS OR PROFESSION AS REPORTED HEREIN ARE TRUE AND CORRECT, AND THAT I HAVE MADE NO DEDUCTIONS FOR "DROP SHIPMENTS," "SALES TO GOVERNMENTAL AGENCIES," "OUT OF TOWN DELIVERIES," OR OTHERWISE.

This _____ day of _____, 20____

(Signed) _____ (Signature of Applicant) (Seal)

By _____ (Signature of Person Executing for Firm or Corp.)