City of Mauldin

Business License Application

Business Name _____

Alternate Business Name (if any) _____

Mailing Address _____

City _____ State _____ Zip _____

Business Phone ( ) _____ Fax ( ) _____

Business Owner _____ Phone ( ) _____

Responsible Person/Title _____ Phone ( ) _____

Business License Contact _____ Phone ( ) _____

Is The Business a (**circle one**) **Corporation** **Individual** **Partnership** **LLC**

Federal ID # _____ SS# _____

Business Description _____

INCOME INFORMATION

Existing Business

Total gross receipts for the proceding calendar year ending December 31, 20_____ $ _____

New Business

New business ESTIMATED gross income from date of open to December 31 $ _____

Note: All license expire on December 31.

The City of Mauldin requires that copies of your income tax returns be submitted with all renewals.

I (we) do hereby certify the amount returned as total gross incmoe from my business or profession as reported herein is true and correct, and that I am familiar with the city ordinances providing for penalties and revocation of my (our) license for making false or fraudulant statements in this application.

I (we) do hereby certify that the above name corresponds with the books and records of the business filed with SC Tax Commission or Insurance Commissioner and with the collectot of the Internal Revenue of the United States.

I (we) do hereby certify that all taxes due the city by such Business for the year immediately preceding the year for which this application is made, have been paid in accordance with Section D (1) of the Business License Ordinance of the City of Mauldin, South Carolina.

_____ _____ _____

Business Firm or Corp. Name Signature & Title of Applicant Date

Office Use Only

License Fee $ _____ Penalty _____% = $ _____ Total Fee $ _____

Date Paid _____ License # _____ Receipt # _____

SIC/NAISC _____ Rate _____ New Business ____ Renewal _____