

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

# CITY OF NEWBERRY

P.O. BOX 538 NEWBERRY, S. C. 29108  
 PHONE 803-321-1007 FAX 803-321-1009  
 APPLICATION FOR BUSINESS  
 AND PROFESSIONAL LICENSE

**PENALTIES ACCRUE AT  
 5% OF THE UNPAID FEE  
 FOR EACH MONTH OR  
 PORTION THEREOF  
 AFTER APRIL 15**

FOR THE LICENSE YEAR .....

**MAKE SEPARATE APPLICATION FOR EACH BUSINESS TO BE LICENSED AT EACH LOCATION**  
 \*\*\*\*\* BUILDING, PLUMBING, ELECTRICAL, HVAC CONTRACTORS MUST  
 INCLUDE COPY OF S.C. REGISTRATION/CERTIFICATION

**PAYMENT MUST  
 ACCOMPANY APPLICATION**

**BUSINESS NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

1. BASIC LICENSE FEE	\$-----
PLUS	
2. SCHEDULE RATE CHARGE	\$-----
3. LICENSE FEE (1+2)	\$-----
4. PLUS PENALTY _____ %	\$-----
5. TOTAL LICENSE FEE (3+4)	\$-----

IF INFORMATION IN THIS HEADING IS CORRECT CHECK HERE  AND SKIP TO LINE 3.

**ALL APPLICABLE BLANKS ON THIS APPLICATION MUST BE COMPLETED BEFORE A LICENSE WILL BE ISSUED**

1. NAME OF BUSINESS .....

2. MAILING ADDRESS: STREET .....

CITY.....STATE.....ZIP.....

3. BUSINESS LOCATION  IN CITY  OUT OF CITY PHONE NO. ....

EMAIL ADDRESS .....

4. TYPE OF BUSINESS .....

8a. FOR CONSTRUCTION CONTRACTORS ONLY:  
 IS THIS A JOB LICENSE? YES \_\_\_ NO \_\_\_  
 JOB CONTRACT AMOUNT \$ .....

8b. FOR JOB LICENSE:  
 JOB LOCATION .....

CONTRACTED BY .....

5. THIS APPLICATION IS FOR:

CHANGE OF OWNERSHIP  \_\_\_\_\_ PREVIOUS OWNER \_\_\_\_\_

CHANGE IN LOCATION  \_\_\_\_\_ PREVIOUS LOCATION \_\_\_\_\_

NEW BUSINESS  \_\_\_\_\_ STARTING DATE \_\_\_\_\_

RENEWAL OF LICENSE

9a. FOR RENEWAL:  
 TOTAL GROSS RECEIPTS FOR PRECEDING CALENDAR YEAR  
 ENDING DECEMBER 31, \_\_\_\_\_ OR FOR LAST  
 PRECEDING FISCAL YEAR PERIOD FROM \_\_\_\_\_  
 TO \_\_\_\_\_; GROSS RECEIPTS \$ .....

9b. FOR NEW BUSINESS OR CHANGE OF OWNERSHIP:  
 ESTIMATED GROSS RECEIPTS OF \$ .....

9c. ALLOWABLE ORDINANCE DEDUCTIONS .....

6. OWNERSHIP:

PROPRIETORSHIP

PARTNERSHIP

CORPORATION

7. NAME/ADDRESS OF OWNER:

\_\_\_\_\_

\_\_\_\_\_

10. SOC. SEC. NO. \_\_\_\_\_

FED. IDENT. NO. \_\_\_\_\_

S.C. SALES TAX NO. \_\_\_\_\_

11. NAME OF YOUR ACCOUNTANT  
 \_\_\_\_\_

12. NUMBER OF COIN OPERATED MACHINES (TYPE BY LOCATION ITEMIZED ON ATTACHED SHEET):

VENDING \_\_\_\_\_ POKER \_\_\_\_\_ OTHER \_\_\_\_\_

FOR NEW BUSINESS, CHANGE OF OWNERSHIP,  
 OR CHANGE OF LOCATION:

APPROVED  \_\_\_\_\_  
 DISAPPROVED  PLAN./DEV. DEPARTMENT

APPROVED  \_\_\_\_\_  
 DISAPPROVED  FIRE/POLICE DEPARTMENT

APPROVED  \_\_\_\_\_  
 DISAPPROVED  HEALTH DEPARTMENT

This is to certify that the above is a true statement of the business done or transacted at or through the above location 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 S.C. Department of Revenue or Insurance Commissioner and with the U.S. Internal Revenue Service. The exact amount returned as TOTAL GROSS RECEIPTS from this business or profession as reported herein is true and correct. I am familiar with the City Ordinance providing for penalties and revocation of this license for making false or fraudulent statements in this application. The books of this business are available for inspection by authorized agents of the City. I (We) do hereby certify that all personal property taxes have been paid which are due and payable to the City of Newberry as of this date.

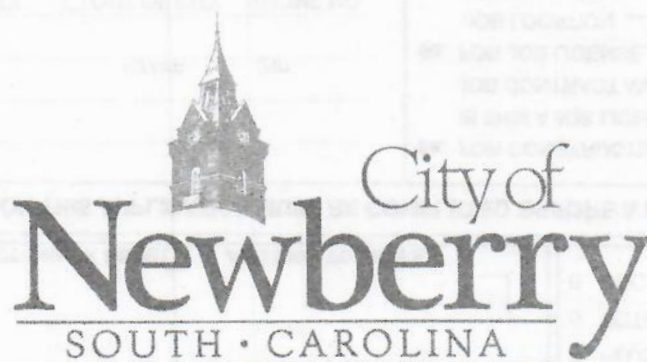
\_\_\_\_\_  
 SIGNATURE AND TITLE OF PERSON MAKING OATH

\_\_\_\_\_  
 DATE

The City of Newberry has computer software in place to calculate each business license fee and assign an invoice number. To make the renewal process work smoothly, please call our telephone number (803-321-1007) with your gross receipts figure prior to mailing or hand-delivering your business license payment. If you have any questions, please contact the Finance Department at 803-321-1007.

**FOR HOME OCCUPATION BUSINESSES ONLY** (such as Avon sales, typing services, tutoring services, seamstress services):

By my signature on this application, I do hereby acknowledge that I have read, understood and will comply with the provisions concerning home occupations as found in the City of Newberry Zoning Ordinance. I further acknowledge that application for a City of Newberry Business License has been made pursuant to my expressed intent to comply with all provisions of the City of Newberry Zoning Ordinance.



[www.cityofnewberry.com](http://www.cityofnewberry.com)

RATE INFORMATION AVAILABLE AT  
THE CITY OF NEWBERRY FINANCE DEPARTMENT  
1330 COLLEGE STREET  
NEWBERRY, SOUTH CAROLINA 29108  
DURING NORMAL OFFICE HOURS  
TELEPHONE 803-321-1007      FAX 803-321-1009