

| 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 8.

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

|   |   |
|---|---|
| 1. NAME OF BUSINESS .....   | 8a. FOR CONSTRUCTION CONTRACTORS ONLY:<br>IS THIS A JOB LICENSE? YES ___ NO ___<br>JOB CONTRACT AMOUNT \$ _____   |
| 2. MAILING ADDRESS: STREET .....  |   |
| CITY.....STATE.....ZIP.....   |   |
| 3.....<br>BUSINESS LOCATION <input type="checkbox"/> IN CITY <input type="checkbox"/> OUT OF CITY PHONE NO. _____   |   |
| EMAIL ADDRESS.....  | 8b. FOR JOB LICENSE:<br>JOB LOCATION _____<br>CONTRACTED BY _____   |
| 4. ....<br>TYPE OF BUSINESS   | 9a. FOR RENEWAL:<br>TOTAL GROSS RECEIPTS FOR PRECEDING CALENDAR YEAR<br>ENDING DECEMBER 31, _____ OR FOR LAST<br>PRECEDING FISCAL YEAR PERIOD FROM _____<br>TO _____; GROSS RECEIPTS \$ _____ |
| 5. THIS APPLICATION IS FOR:<br>CHANGE OF OWNERSHIP <input type="checkbox"/> _____ PREVIOUS OWNER _____<br>CHANGE IN LOCATION <input type="checkbox"/> _____ PREVIOUS LOCATION _____<br>NEW BUSINESS <input type="checkbox"/> _____ STARTING DATE _____<br>RENEWAL OF LICENSE <input type="checkbox"/> | 8b. FOR NEW BUSINESS OR CHANGE OF OWNERSHIP:<br>ESTIMATED GROSS RECEIPTS OF \$ _____  |
| 6. OWNERSHIP:<br>PROPRIETORSHIP <input type="checkbox"/><br>PARTNERSHIP <input type="checkbox"/><br>CORPORATION <input type="checkbox"/>  | 9c. ALLOWABLE ORDINANCE DEDUCTIONS _____  |
| 7. NAME/ADDRESS OF OWNER:<br>_____<br>_____   | 10. SOC. SEC. NO. _____<br>FED. IDENT. NO. _____<br>S.C. SALES TAX NO. _____  |
|   | 11. NAME OF YOUR ACCOUNTANT<br>_____  |

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 <input type="checkbox"/>    | -----                  |
| DISAPPROVED <input type="checkbox"/> | PLAN./DEV. DEPARTMENT  |
| APPROVED <input type="checkbox"/>    | -----                  |
| DISAPPROVED <input type="checkbox"/> | FIRE/POLICE DEPARTMENT |
| APPROVED <input type="checkbox"/>    | -----                  |
| DISAPPROVED <input type="checkbox"/> | 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 \_\_\_\_\_

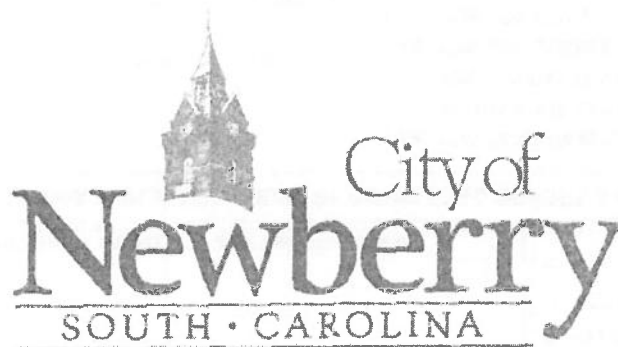
DATE \_\_\_\_\_

PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

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

BUSINESS LICENSE QUESTIONNAIRE

This form must be completed as part of the business license application for any new business and any change of business name, location or ownership for an existing business.

PLEASE NOTE THAT PAYMENT OF FEE DOES NOT EQUATE TO BUSINESS LICENSE APPROVAL FOR START OF BUSINESS.

Business Name \_\_\_\_\_

Owner's Name \_\_\_\_\_

Owner's SSN \_\_\_\_\_ SCDL \_\_\_\_\_

Type of Business \_\_\_\_\_

Describe Business Activity (Including Products or Services Provided). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specify any other permits/licenses for which you have applied to the City of Newberry or the State of South Carolina relative to this business (all general or trade contractors must include a proof of State certification or registration). \_\_\_\_\_

\_\_\_\_\_

Specify any hazardous or flammable chemicals used in your processing or stored on the premises. \_\_\_\_\_

\_\_\_\_\_

Type of Building:  Residence  Store  Office Building  Warehouse  
 No Fixed Location (Peddler)  Other (\_\_\_\_\_)

Is this business a sexually oriented business (defined as adult arcade, adult bookstore or adult video store, adult cabaret, adult motel, adult motion picture theater, adult theater, escort agency, nude model studio, or sexual encounter center)?  Yes  No

This is to certify that all information furnished above is true and accurate to the best of my knowledge and belief. I understand that any change in business type, ownership or location must be reported to the City of Newberry before implementation of the change.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title