

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
FOR THE LICENSE YEAR _____

**PENALTIES
 ACCRUE AT 5% OF THE
 UNPAID FEE FOR EACH
 MONTH OR PORTION
 THEREOF AFTER
 APRIL 30**

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

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)	_____
INVOICE NUMBER	_____

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

1. NAME OF BUSINESS _____	8a. FOR CONSTRUCTION CONTRACTORS ONLY:
2. BUSINESS ADDRESS: STREET _____	IS THIS A JOB LICENSE? YES _____ NO _____
CITY _____ STATE _____ ZIP _____	JOB CONTRACT AMOUNT \$ _____
3. PHONE NO. _____ IN CITY _____ OUT OF CITY _____	8b. FOR JOB LICENSE:
EMAIL ADDRESS: _____	JOB LOCATION _____
4. _____	CONTRACTED BY _____
TYPE OF BUSINESS	

5. THIS APPLICATION IS FOR:	9a. FOR RENEWAL:
CHANGE OF OWNERSHIP <input type="checkbox"/> _____ PREVIOUS OWNER _____	TOTAL GROSS RECEIPTS FOR PRECEDING CALENDAR YEAR ENDING DECEMBER 31, _____
CHANGE IN LOCATION <input type="checkbox"/> _____ PREVIOUS LOCATION _____	OR FOR LAST PRECEDING FISCAL YEAR PERIOD FROM _____ TO _____:
NEW BUSINESS <input type="checkbox"/> _____ STARTING DATE _____	GROSS RECEIPTS \$ _____
RENEWAL OF LICENSE <input type="checkbox"/> _____	9b. FOR NEW BUSINESS OR CHANGE OF OWNERSHIP:
	ESTIMATED GROSS RECEIPTS \$ _____
	9c. ALLOWABLE ORDINANCE DEDUCTIONS
	\$ _____ FOR _____

6. OWNERSHIP:	7. NAME/ADDRESS OF OWNER:	10. SOC. SEC. NO. _____
PROPRIETORSHIP <input type="checkbox"/>		FED. IDENT. NO. _____
PARTNERSHIP <input type="checkbox"/>		S.C. SALES TAX NO. _____
CORPORATION <input type="checkbox"/>		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:	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.
APPROVED _____	
DISAPPROVED: _____ PLAN./DEV. DEPARTMENT	
APPROVED _____	
DISAPPROVED: _____ POLICE DEPARTMENT	
APPROVED _____	
DISAPPROVED: _____ FIRE DEPARTMENT	
SIGNATURE AND TITLE OF PERSON MAKING OATH	DATE

PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

The City of Newberry now 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) or email (businesslicense@cityofnewberry.com) with your gross receipts figure prior to mailing or hand-delivering your business license payment. license payment. If you have any questions, please contact the Finance Department at 803-321-1007.
Businesslicense@cityofnewberry.com

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.



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