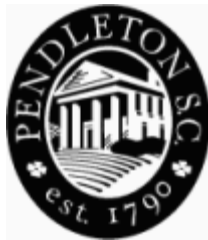


**APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2021**

TOWN OF PENDLETON  
310 GREENVILLE ST  
PENDLETON, SC 29670

PHONE: (864) 646-9409  
FAX: (864) 646-5425



**AVOID PENALTY**

This Application with remittance in full must be completed and returned with full payment on or before **04/30/2021**.  
If no longer in business, please so indicate and return the application to avoid further penalty.

BUSINESS NAME AND MAILING ADDRESS	EMERGENCY CONTACT NAME AND ADDRESS
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Name: _____ Address: _____ Address 2: _____ City, ST, Zip: _____ Phone: _____ Location: _____ Business Class: _____ Responsible Person: _____ Bonding Company & Bond Number: _____ Other License #: _____	_____ _____ _____ Tax ID Number: _____ Ownership Type: _____ Business Description: _____ Accountant Name: _____ _____ State Retail License #: _____
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<b>CALCULATION OF LICENSE FEE:</b>		<u>LICENSE FEE</u>
GROSS RECEIPTS	\$ _____	_____
	Late Payment Penalty	_____
	Additional Fee	_____
	Total Payment	=====
Attach documentation of proof of gross receipts here. Attach current copy of all State required certifications or license for business or profession (Contractor, Specialty Contractor, etc).		
_____	_____	_____
Signature	Title	Date

PLEASE NOTE: All businesses will pay a fee based on prior year gross receipts.  
 All in-town businesses must provide a copy of their Federal Tax Return or other approved documentation as proof of gross receipts. All business conducted outside the Town of Pendleton by in-town businesses and reported to another municipality for a business license may be deducted from the gross receipts, but documentation must be attached to this application.  
 Out of town businesses must provide documentation of gross receipts for work done within the town limits of Pendleton.  
 PENALTIES-DELINQUENT APRIL 30. Penalties for delinquency in paying License Tax is 5% MONTHLY.

<b>CHECK</b>	<b>NEW - N</b>	<b>OUT OF BUSINESS - X</b>	<b>TRANSFER - T</b>	<b>NAME CHANGE - NC</b>	<b>OTHER - O</b>
<b>CASH</b>					
LICENSE FEES	PENALTY	AMOUNT DUE	GROSS SALES	DATE PAID	RECEIPT #
\$	\$	\$	\$		