

**APPLICATION  
BUSINESS AND PROFESSIONAL LICENSE**

TOWN OF PAGELAND  
126 N. PEARL ST.  
PAGELAND, S.C. 29728  
(843) 672-7292 FAX (843) 672-5635

License No. \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

Business Location \_\_\_\_\_

Telephone Number \_\_\_\_\_

SSN # or FI # \_\_\_\_\_

Owner(s) \_\_\_\_\_

Contractor Number \_\_\_\_\_ Subcontractor Number \_\_\_\_\_

**\*A PENALTY OF 5% PER MONTH SHALL BE ADDED BEGINNING APRIL 15\***

Gross Income For Calendar Year 20\_\_ \$ \_\_\_\_\_

Estimated Income (New Business Only) \$ \_\_\_\_\_

Minimum Fee (0-2,000) \$ \_\_\_\_\_ (a) \$ \_\_\_\_\_

Over 2,000 to 1 Million Per Thousand \_\_\_\_\_ \$ \_\_\_\_\_ (b) \$ \_\_\_\_\_

Over 1 Million Per Thousand \_\_\_\_\_ \$ \_\_\_\_\_ (c) \$ \_\_\_\_\_

Total License Tax Payable (a + b + c = d) (d) \$ \_\_\_\_\_

The application hereby certifies under oath that the information given in the application is true, that the gross income is accurately reported, or estimated for a new business, without any unauthorized deductions, and that all assessments and personal property taxes on business property due and payable to the Town of Pageland have been paid.

Sworn To And Subscribed Before Me This

\_\_\_\_\_ Day Of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
(Firm Name or Individual's Signature)

By: \_\_\_\_\_

(Notary Public) \_\_\_\_\_

Prepared By: \_\_\_\_\_