

APPLICATION
BUSINESS AND PROFESSIONAL LICENSE
307 EAST MCGREGOR STREET
PAGELAND, SC 29728
TELEPHONE: 843-672-7292 FAX: 843-672-5635

Name of Business _____

Mailing Address _____

Business Location _____ Job Site _____

Telephone Number _____

SSN# or FI# _____

Owner(s) _____

Contractor Number _____ Subcontractor Number _____ Expiration Date _____

A PENALTY OF 5% PER MONTH SHALL BE ADDED BEGINNING MAY 1ST

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) \$ _____

*****All fees double for non-residents and itinerants having no fixed principal place of business within the municipality.*****

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: _____

BUSINESS DATA AND EMERGENCY CONTACT SHEET

DATE _____

BUSINESS NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

OWNER/MANAGER NAME: _____

ADDRESS: _____ PHONE #: _____

CONTACTS (WHO TO CALL AND CAN RESPOND QUICKLY):

1. EMPLOYEE WITH KEY _____ PHONE #: _____

CELL #: _____

2. EMPLOYEE WITH KEY _____ PHONE #: _____

CELL #: _____

3. EMPLOYEE WITH KEY _____ PHONE #: _____

CELL #: _____

OWNER OF BUILDING: _____

ALARM SYSTEM? _____

SERVICED BY? _____

PHONE # FOR SERVICE: _____

SPECIAL NOTES: _____
