

APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2008

CITY OF EASLEY
 PO BOX 466
 EASLEY, SC 29641

PHONE: 864-855-7900 FAX: 864-855-7905

This Application with remittance in full must be completed and returned with full payment on or before **5/20/2008**
 If no longer in business, please so indicate and return the application.

BUSINESS NAME AND MAILING ADDRESS

LIST PARTNER NAMES AND PHONE NUMBERS

NAME: _____
 ADDRESS: _____
 ADDRESS 2: _____
 CITY, ST., ZIP: _____
 PHONE: _____
 LOCATION: _____
 BUS.CLASS/CODE: _____
 BUSINESS DESC: _____
 RESP. PERSON: _____
 ACCOUNTANT NAME: _____
 TAX ID NUMBER: _____
 OWNERSHIP TYPE: _____
(Corp., Individual, Partnership, Etc.)

PLEASE NOTE: Proof of gross receipts must accompany this application. Examples of proof of gross receipts are:
 1) Copy of your tax return
 2) Certified letter from your accountant
 3) Accountant's signature or stamp on this application.

No license will be processed without this information. Your accountant must be an independent firm.

CALCULATION OF LICENSE FEE:

LICENSE FEE

GROSS RECEIPTS \$ _____

(See rate schedule below)

Late Payment Penalty _____

Total Payment _____

****AFTER 05/20/2008 A 5% PENALTY PER MONTH IS DUE.****

MASTERCARD/VISA ACCEPTED

 Signature

 Title

 Date

Calculation of license fee based on rate schedule

RATE

TOTAL FEE

For Gross Receipts not exceeding \$0

\$0.0000

On each additional \$0 or fraction thereof between \$0 and \$0

0.0000

PLEASE NOTE:

ALL BUSINESSES MUST REGISTER THEIR BURGLAR AND/OR FIRE ALARMS WITH THE EASLEY POLICE DEPARTMENT. PLEASE CALL 864-855-7923 FOR MORE INFORMATION.