

APPLICATION FOR BUSINESS LICENSE

CITY OF CLEMSON
1250 TIGER BLVD. STE. 1
CLEMSON, SC 29631

Phone: 864-653-2030
Fax: 864-653-2032

Please Print BUSINESS NAME AND MAILING ADDRESS

Email:

RESP. PERSON: _____

BUSINESS NAME: _____

ADDRESS: _____

General Contractor:

ADDRESS 2: _____

CITY, ST., ZIP: _____

PHONE: _____

LOCATION of Jobsite:

NAICS CLASS: _____

BUSINESS DESCRIPTION: _____

ACCOUNTANT NAME: _____

Decals: _____

FED TAX ID or S.S. NUMBER: _____

OWNERSHIP TYPE: Individual LLC Corp Partner

OUT OF TOWN CONTRACTORS:

SALES TAX NUMBER: _____

LICENSES REQUIRED UPON

STATE LICENSE NUMBER: _____

COMMENCEMENT OF WORK.

GROSS AMOUNT \$ _____

New _____ Renewal _____ Upgrade _____

I certify that all the information stated above is true and accurate to the best of my knowledge and belief. I understand that the City Code provides for penalties and license revocation for making false or fraudulent statements on this application.

Print Name

Signature

Title

Date

Calculation of license based on rate class _____

For Gross Amount not exceeding \$2,000 (Base Rate)

RATE

TOTAL

On each additional \$1,000 or fraction thereof up to \$1,000,000

On each additional \$1,000 or fraction thereof above \$1,000,000 up to \$3,000,000

On each additional \$1,000 or fraction thereof above \$3,000,000 up to \$9,999,999,999

TOTAL PAYMENT DUE _____

MASTERCARD/VISA/DISCOVER ACCEPTED