

APPLICATION FOR BUSINESS LICENSE

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

Phone: 864-624-1147
businesslicense@cityofclemson.org



Please Print BUSINESS NAME AND MAILING ADDRESS

RESP. PERSON: _____

BUSINESS NAME: _____

ADDRESS: _____

ADDRESS 2: _____

CITY, ST., ZIP: _____

PHONE: _____

NAICS CLASS: _____

BUSINESS DESCRIPTION: _____

ACCOUNTANT NAME: _____

FED TAX ID or S.S. NUMBER: _____

OWNERSHIP TYPE: [] Sole Prop [] LLC [] Corp [] Partner

SALES TAX NUMBER: _____

STATE LICENSE NUMBER: _____

Email: _____

General Contractor: _____

LOCATION of Jobsite: _____

Decals: _____ (required for vehicles not clearly marked with company name and information)

OUT OF TOWN CONTRACTORS:

LICENSES REQUIRED UPON COMMENCEMENT OF WORK.

GROSS AMOUNT \$ _____

New _____ Renewal _____ Upgrade _____

I (we) do certify that the information given in this application is true, that the gross income is accurately reported (or estimated for a new business) without any unauthorized deductions, and that all assessments, personal property taxes on business property, and other monies due and payable to the Municipality have been paid. I agree to be in compliance with all applicable building, fire, and zoning codes before this license is issued and for the duration of the license.

Print Name _____

Signature _____

Title _____

Date _____

Calculation of license based on rate class _____

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

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

RATE

TOTAL

TOTAL PAYMENT DUE _____