

BUSINESS LICENSE/CITY OF CHESNEE



**RETURN APPLICATION TO:
CITY OF CHESNEE
201 W CHEROKEE ST
CHESNEE, SC 29323**

IN ORDER TO ENSURE PROPER
CREDIT TO YOUR ACCOUNT, YOU
MUST RETURN THIS
APPLICATION.

BUSINESS NAME:	FEDERAL ID:
OWNER:	SC TAX ID:
MAILING ADDRESS:	SSN:
CITY/STATE/ZIP:	DATE OF APPLICATION:
PHONE:	
BUSINESS LOCATION:	
DESCRIPTION OF BUSINESS:	
NAICS CODE:	

- 1) GROSS RECEIPTS AS REPORTED TO THE SC TAX COMMISSION LAST YEAR \$ _____
- 2) BASE TAX \$ _____
- 3) TAX ON EXCESS AT \$ _____ PER \$ _____ \$ _____
- 4) TOTAL LICENSE FEE DUE BY APRIL 30, 20__ \$ _____

TOTAL DUE \$ _____

I (we) do hereby certify that the amount returned as total gross from business or profession as reported and that I am familiar with city ordinance providing and revocation of my license for making false or fraudulent statements in the application.

I do hereby certify that all personal property taxes have been paid as of this date and that the business name reported on this application is the same as that which is reported on my SC income tax return.

Signature

Date