

Town of Swansea



Swansea, South Carolina

REMIT TO:

Town of Swansea
P. O. Box 429
Swansea, SC 29160

BUSINESS LICENSE

APPLICATION

YEAR 2025

DUE MAY 1, 2025

BUSINESS NAME: _____

MAILING ADDRESS: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE #: _____ EMERGENCY #: _____

HOME TELEPHONE #: _____ CELL PHONE #: _____

FAX #: _____ E-MAIL: _____

FEDERAL ID # OR SOCIAL SECURITY #: _____

TYPE OF BUSINESS: _____ SIC / NAIC CODE: / _____

RATE CLASS: 1 APPLICATION FOR _____ NEW _____ RENEWAL

NAME OF OWNER, PARTNER OR PRINCIPAL: _____

_____ CORPORATION _____ PARTNERSHIP ☒ INDIVIDUAL

ZONING DISTRICT _____

IS HAZARDOUS WASTE INVOLVED IN OPERATION? _____ NO _____ YES (ATTACH DETAILS) CODE

CLEARANCE: _____ ZONING _____ INSPECTION _____ FIRE _____ HEALTH _____ LAW ENFORCEMENT _____

CALCULATION OF LICENSE FEE FOR IN TOWN BUSINESSES

FOR BUSINESSES LOCATED WITHIN THE TOWN LIMITS

GROSS INCOME REPORTED TO INTERNAL REVENUE SERVICE:

GROSS INCOME \$ _____
\$100.00 on the first \$2,000 of gross income or fraction thereof, and \$1.00 on each additional \$1,000.00 or fraction thereof.

FEE: \$ _____

LATE PAYMENT PENALTY (5% AFTER MAY 1, 2024 for each month) \$ _____

TOTAL AMOUNT DUE \$ _____

CALCULATION OF LICENSE FEE FOR OUT OF TOWN BUSINESSES:

FOR BUSINESSES LOCATED OUTSIDE THE TOWN LIMITS

GROSS INCOME REPORTED TO INTERNAL REVENUE SERVICE:

GROSS INCOME \$ _____
\$200.00 on the first \$2,000 of gross income or fraction thereof, and \$2.00 on each additional \$1,000.00 or fraction thereof.

FEE: \$ _____

LATE PAYMENT PENALTY (5% AFTER MAY 1, 2024) \$ _____

TOTAL AMOUNT DUE \$ _____

I CERTIFY THAT ALL INFORMATION STATED ABOVE IS TRUE AND CORRECT. I

UNDERSTAND THAT THE TOWN ORDINANCE PROVIDES FOR PENALTIES AND LICENSE REVOCATION FOR MAKING FALSE OR FRAUDULENT STATEMENTS ON THIS APPLICATION.

I AM AWARE OF AND UNDERSTAND THE JURISDICTION'S REQUIREMENTS AND CODES, AND THE ISSUANCE OF A BUSINESS LICENSE IS CONTINGENT UPON STRICT AND CONSISTENT COMPLIANCE WITH ALL OF THE JURISDICTION'S REQUIREMENTS.

Title Signature

Please Print Name Date