



TOWN HALL-1830

Town of Winnsboro
PO Box 209 • 610 West Moultrie Street
Winnsboro, SC 29180

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Business License Application Form

Application Date: _____ Fiscal Year: _____
 Applicant's Name: _____ Gross Receipts: _____
 Business Name: _____
 Mailing Address: _____ City _____ State _____ Zip _____
 Business Location: _____ City _____ State _____ Zip _____
 E-Mail Address: _____ Web Site: _____
 Contact Name: _____
 Phone #: _____ Cell #: _____ Fax#: _____
 Federal ID #/SSN#: _____ State Retail Sales #: _____
 Renewal of License: YES NO New Business: YES NO Starting Date: _____
 Type of Business: _____
 Is this a Change in location: YES NO Is this ownership change? YES NO
 Type of Ownership: Sole Proprietor ___ Partnership ___ Corporation ___ Other ___
 Will the business have coin-operated machines? YES NO (If Yes, additional fees apply)
 Will the business rent booths, beautician, barber, etc.? YES NO (If Yes, How many booths? _____)
 Will the business have on-site alcohol consumption? YES NO

NOTE: FOR HAIR/NAIL SALONS & BARBER SHOPS ONLY

If you are the owner of the Hair/Nail Salon or Barber shop, please provide a list of booth renters. (Booth-renters would be anyone who is not a W-2 employee of your business). Anyone who does not receive a W-2 will need to obtain their own business license.

IMPORTANT: READ BEFORE SIGNING

I (we) do hereby certify that the amount returned as total gross from my business or profession as reported herein is true and correct, and that I have made no deductions for "drop shipments," "sales to governmental agencies," "out of town deliveries," or otherwise, and that I am familiar with the Town Ordinance providing for penalties and revocation of my (our) license for making false or fraudulent statements in this application. I (we) do hereby certify that all personal property taxes have been paid which are due and payable to the Town of Winnsboro as of this date. FOR RENEWAL OF LICENSE: please verify all information as listed. Then complete the application as required. Refer to back of form for applicable rates. ALL CONCERNS ARE SUBJECT TO ADULTS AND PENALTIES FOR MISREPRESENTATION. LATE PENALTIES START MAY 1ST, 5% PER MONTH OR FRACTION THEREOF UNTIL PAID.

SIGNATURE

TITLE

DATE

FOR OFFICE USE ONLY

Class:		NAICS:	
Acct/BL:		License:	
Fee:	Penalties:	Total Amount Due:	\$
Paid:	_____/_____/_____	Cash or Check	Check #
BL Printed Name:	BL Official Signature:	Date:	

RATES

Declining rate Applies in all Classes for Gross Income, Excess of \$ 250,000.

RATE CLASS	<u>INCOME 0- \$2000</u> MINIMUM FEE	<u>ALL OVER \$2000</u> RATE per THOUSAND Or fraction thereof	<u>Amount of Gross</u> <u>Income</u>	<u>Percent of Rate for</u> <u>Each Additional</u> <u>\$1,000</u>
1	40.00	\$1.35	250,000-500,000	25%
2	45.00	\$1.40	500,000-750,000	20%
3	50.00	\$1.45	750,000-1,000,000	15%
4	55.00	\$1.50	All Over 5,000,000,000	10%
5	60.00	\$1.55		
6	65.00	\$1.60		
7	70.00	\$1.65		
8	See Individual Business in Class 8*			

CLASS 8 RATES

NAICS	<u>Income</u>	<u>All over \$ 2,000</u> <u>Per \$ 1,000</u> <u>or fraction</u>
8.1-8.10 Contractor, Construction		
All types		
(a) Having place of business within the Town	0-2000	\$55.00
	2000	\$ 1.50

(b) Itinerate (no place of business within the Town or Non-resident of Fairfield County), double above rate.

ANY PERSON OR FIRM NOT OPERATING A REGULAR ESTABLISHED BUSINESS DULY LICENSED BY THE TOWN OF WINNSBORO TO DO BUSINESS WITHIN THE TOWN OF WINNSBORO WILL BE REQUIRED TO PROVIDE PROOF OF A PERFORMANCE BOND IN THE MINIMUM AMOUNT OF TWO THOUSAND FIVE HUNDRED DOLLARS (2,500). PROOF OF BONDING WILL BE SUBMITTED TO THE CLERK/TREASURER SHOWING THE AMOUNT OF THE BOND, AND DATES IN FORCE, WITH THE BUSINESS LICENSE APPLICATION.

Rates approved by Council December 7, 2021 with the budget, effective April 1, 2022.

GROSS RECEIPTS:	_____	(ROUND UP TO NEXT THOUSAND)	
ROUNDED:	_____		
FIRST 2,000 REPORTED:	_____		= _____
BALANCE:	_____		
NEXT 248,000 REPORTED:	_____	= _____ X _____	= _____
BALANCE:	_____		
NEXT 250,000 REPORTED:	_____	= _____ X _____ X 25%	= _____
BALANCE:	_____		
NEXT 250,000 REPORTED:	_____	= _____ X _____ X 20%	= _____
BALANCE:	_____		
NEXT 250,000 REPORTED:	_____	= _____ X _____ X 15%	= _____
BALANCE:	_____		
REMAINING BALANCE:	_____	= _____ X _____ X 10%	= _____
TOTAL AMOUNT DUE:	_____		
AMOUNT RECEIVED:	_____		
BALANCE DUE:	_____		
LATE FEES:	_____		
TOTAL AMOUNT DUE:	_____		