

Standardized Business License Application



City or County: Town of Lake View

Business Information

| | | |
|---|-------|-----------------------|
| Corporate name: | | |
| Name shown to public: | | Open date: |
| Organization type: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> Corporation <small>Articles of Organization or Incorporation may be required.</small> | | |
| Business activity/type: | | NAICS/SIC/Other code: |
| Federal ID/SSN #: | | State retail sales #: |
| Mailing address: | | |
| Physical address: <input type="checkbox"/> Inside jurisdiction, Tax parcel #: _____ <input type="checkbox"/> Outside jurisdiction | | |
| Contact name, title: | | |
| Contact phone: | Ext.: | Alternate phone: |
| Fax: | | Email: |

Owner or Principal(s) Information

| | | |
|--|--------|------------------|
| Owner or Principal(s) name(s), title(s): | | SSN #: |
| | | SSN #: |
| Driver's license #: | State: | Expiration date: |
| Mailing address: | | |
| Work phone: | Ext.: | Cell phone: |
| Fax: | | Email: |

Job/Project Information

| | | | |
|--|--|--|------------------|
| Project start date: | | Estimated end date: | |
| Project location: | | Tax parcel #: | |
| Project type: <input type="checkbox"/> New construction <input type="checkbox"/> Renovation <input type="checkbox"/> Other _____ | | | |
| General contractor name: | | | |
| State contractor license #: <small>Copy may be required</small> | | State: | Expiration date: |
| Master/specialty license #: | | | |
| Job contact name: | | Phone: | |
| Total gross revenues of contract amount: \$ | | | |
| Gross revenues, inside jurisdiction: \$ | | Gross revenues, outside jurisdiction: \$ | |
| Value of authorized deductions: \$ | | Deduction type(s): | |

Contact your city or county business licensing office with questions regarding this form.

*Application produced by the South Carolina Business Licensing Officials Association.
The SC Business Licensing Officials Association is an affiliate of the Municipal Association of SC.*

Other Information

| | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Buying an existing construction business? <i>If yes, purchased business' name:</i> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Business leasing space to another business? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Mail business license renewals to mailing address listed in the business information section on the previous page? <i>If not, corporate address:</i> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Change of use to building? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Erecting a new sign? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Home occupation? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Independent contractors (Form 1099)? <i>If yes, names:</i> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Leasing property? <i>If yes, landlord name and address:</i> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Restrictive covenants? If yes, provide copy. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you sell food or beverages that are prepared and/or consumed on your premises? |

Applicant Certification *(Contact the municipality in which you are doing business to determine if a notarized signature is required.)*

1. I hereby certify that all information provided is true and correct to the best of my knowledge and that the gross revenue is accurately reported or estimated for a new business without any unauthorized deduction.
2. I certify that assessments, delinquencies and personal property taxes due to the jurisdiction are fully paid.
3. I understand that providing false or fraudulent information may result in penalties, business license revocation and/or prosecution to the fullest extent possible.
4. 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.
5. I understand that failure to comply with these requirements may result in business license revocation as well as other compliance or legal efforts.
6. I also understand and authorize the jurisdiction and its agents to utilize all information on this application to ensure that all other federal, state and local laws are complied with.

| | |
|-------------------------|------------|
| Applicant printed name: | Signature: |
| Title: | Date: |

For Office Use Only

| | | |
|---|-------------------------|-------------------|
| Approved by all necessary departments? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Comments | | |
| Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: | |
| Business license #: | Rate class: | |
| Rate Base rate: \$ | Every \$1,000 after: \$ | |
| Amount due Fee: \$ | Penalties: \$ | Total: \$ |
| Decal required? <input type="checkbox"/> Yes <input type="checkbox"/> No | Cost/each: \$ | Total: \$ |
| Receipt Amount paid: \$ | Date paid: | Number of decals: |
| Staff name: | Signature: | Date: |

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**Town of Lake View Business License Rates
2023**

Calculation - Gross Revenue - \$2,000.00 = _____ x Rate/\$1,000.00 plus Minimum Fee =

| Rate Class | Minimum Fee | Gross Revenue: \$0 - \$2,000.00 | Gross Revenue over \$2,000.00 Rate per \$1,000.00 or fraction thereof | |
|------------|---|---------------------------------|---|-------------------|
| 1 | | \$35.00 | \$ | 0.50 |
| 2 | | \$40.00 | \$ | 0.60 |
| 3 | | \$45.00 | \$ | 0.70 |
| 4 | | \$50.00 | \$ | 0.80 |
| 5 | | \$55.00 | \$ | 0.90 |
| 6 | | \$60.00 | \$ | 1.00 |
| 7 | | \$65.00 | \$ | 1.10 |
| 8.1 | | \$50.00 | \$ | 0.50 |
| 8.1 | | \$50.00 | \$ | 0.50 |
| 8.2 | set by the state statute | | | |
| 8.3 | MASC Telecommunication | | | |
| 8.4 | MASC Insurance | | | |
| 8.51 | \$12.50 + \$12.50 per machine - coin operated amusement | | | |
| 8.52 | \$12.50 + \$12.50 per machine - non payout amusement | | | |
| 8.6 | \$75.00 + \$5.00 or \$12.50 per pool table | | \$ | 0.70 |
| | | | | contractor annual |

Non-Resident Business Rates

Unless otherwise specifically provided, all taxes and rates shall be **doubled** for Non-Residents and Itinerants

Declining Rates

Declining Rates apply in all Rate Classes for gross revenue in excess of \$1,000,000.00

| Gross Revenue in Millions | Percent of Class Rate |
|-----------------------------|-----------------------|
| 0-1,000,000.00 | 100% |
| 1,000,001.00 - 2,000,000.00 | 90% |
| 2,000,001.00 - 3,000,000.00 | 80% |
| 3,000,001.00 - 4,000,000.00 | 70% |
| over 4,000,000 | 60% |