



Town of Ridgeland
P.O. Box 1119
Ridgeland, SC, 29936
www.ridgeland.gov



Business License Application

In order to insure proper credit to your account, you **must** return **this** application.
Please verify all information listed, then complete this application as required.

Business Name _____	New Business _____
Owner/Officer _____	Renewal _____
Mailing Address _____	Corporation _____
City/State/ZIP _____	Partnership _____
Phone _____	Individual _____
Business Location _____	Federal ID# _____
Description of Business _____	South Carolina Tax# _____
_____	Social Security # _____
_____	Health Permit _____
Rate Code _____	*License # _____
SC Residential Builders # _____	*Date of Application _____
Bonding Company _____	*office use only

- (A) Gross Receipts as reported to the S.C. Tax Commission \$ _____
- (B) **New Business Only** Projected Gross Income _____
- (C) Base Tax _____
- (D) Tax on Excess at \$ _____ Per \$ _____ _____
- (E) Total License Fee Due By _____
- (F) **Penalty: FOR NON-PAYMENT OF ALL OR ANY PART OF THE CORRECT LISCENSE FEE THE LICENSE INSPECTOR SHALL LEVY AND COLLECT A PENALTY OF 5% March 1st, 10% April 1, May 1 in Execution.**
- (G) Total Due \$ _____

(WE) DO HEREBY CERTIFY THAT THE AMOUNT RETURNED AS TOTAL GROSS FROM BUSINESS OR PROFESSION AS REPORTED HEREIN IS TRUE AS CORRECT, AND THAT I HAVE MADE NO DEDUCTION FOR "DROP SHIPMENTS", SALES TO GOVERNMENT AGENCIES", OUT OF CITY OR COUNTY DELIEVERIES, OR OTHERWISE, AND THAT I AM FAMILIAR WITH TOWN ORDINANCE PROVIDING FOR PENALTIES AND REVOCATION OF MY (OUR) LICENSE FOR MAKING FALSE OR FRAUDULENT STATEMENTS IN THIS APPLICATION.

(WE) DO HEREBY CERTIFY THAT ALL PERSONAL PROPERTY TAXES HAVE BEEN PAID WHICH ARE DUE AND PAYABLE TO THE TOWN OF RIDGELAND OF THIS DATE AND THAT THE BUSINESS NAME IS THE SAME AS REPORTED ON MY SOUTH CAROLINA INCOME TAX RETURN.
