



CITY OF WALHALLA

Community Development

206 N Church St. • P.O. Box 1099 • Walhalla, SC 29691 • (864) 638-4343 • Fax (864) 638-4357 • www.CityofWalhalla.com

Business License Application

This application is for **NEW** **RENEWAL** **OUT OF BUSINESS**
 Ownership Type **CORPORATION** **PARTNERSHIP** **INDIVIDUAL**

Name of Business: _____ Business Start Date/Year: _____

Mailing Address: _____

Owner(s): _____ Phone: _____

Owner's Mailing Address: _____

Location of Business: _____ # of Locations _____

Type of Business: _____ NAICS Code: _____

Federal ID/SS#: _____ SC Tax: _____ Email: _____

Business Phone: _____ Home Phone: _____ Emergency: _____

TOTAL GROSS INCOME OR COMMISSIONS for calendar year ending December 31 or preceding fiscal year from _____ to _____ as reported to the Internal Revenue Service.

Enter Total Gross Income _____ Enter Class and Rates per Thousand _____

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 AM FAMILIAR WITH THE CITY BUSINESS ORDINANCE PROVIDING FOR PENALTIES AND REVOCATION OF MY (OUR) LICENSE FOR MAKING FALSE OR FRADULENT STATEMENT IN THE APPLICATION. I (WE) DO HEREBY CERTIFY THAT ALL PERSONAL PROPERTY TAXES HAVE BEEN PAID WHICH ARE DUE AND PAYABLE TO THE CITY OF WALHALLA AND TO OCONEE COUNTY AS OF THIS DATE AND THAT THE BUSINESS NAME IS THE SAME AS REPORTED TO MY SC AND/OR IRS TAX RETURN. I DO UNDERSTAND THAT MY GROSS REPORTING MAY BE SUBJECT TO AUDIT BY THE CITY OF WALHALLA. THIS APPLICATION IS FOR THE CALENDAR YEAR ABOVE. THE APPLICATION WITH REMITTANCE MUST BE FILED AND PAID IN FULL TO THE CITY CLERK PRIOR TO MAY 1, OR A PENALTY OF 5% PER MONTH WILL BE ASSESSED AFTER MAY 1, OF THE CURRENT YEAR.

Signature(s)	Title	Date

OFFICIAL USE ONLY				
Approved By: _____	Date Issued _____	Fee + Penalty _____	Total Due _____	Date Paid _____

