

City of Walhalla, South Carolina  
 Business License Application  
 Post Office Box 1099  
 Walhalla, SC 29691  
 (864) 638-4343

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

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Name of Business \_\_\_\_\_ Business Start Date/Year \_\_\_\_\_

Mailing Address \_\_\_\_\_

Owner \_\_\_\_\_ Phone \_\_\_\_\_

Owners Mailing address \_\_\_\_\_ # Locations \_\_\_\_\_

Location of Business \_\_\_\_\_

Type of Business \_\_\_\_\_ NAICS Code \_\_\_\_\_

Federal ID/SS# \_\_\_\_\_ SC Tax \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Emergency \_\_\_\_\_

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**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 Amount \_\_\_\_\_ Enter Class and Rates per Thousand \_\_\_\_\_**

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|-------------|-------------|---------------|-----------|
| Approved by | Date Issued | Fee + Penalty | Total Due |
|-------------|-------------|---------------|-----------|

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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.

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| Signature | Title | Date |
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