

206 N Church St.
PO Box 1099
Walhalla, SC 29691
(864) 638-4343



City of Walhalla, South Carolina 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 _____ Phone _____

Owners Mailing address _____ # Locations _____

Location of Business _____

Type of Business _____ NAICS Code _____

Federal ID/SS# _____ SC Tax _____

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 _____

Approved by _____ Date Issued _____ Fee + Penalty _____ Total Due _____

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 _____ Title _____ Date _____

