



**BUSINESS INFORMATION**

Business Name: \_\_\_\_\_ NAICS Code (REQUIRED): \_\_\_\_\_

dba (if applicable): \_\_\_\_\_ Business Activity: \_\_\_\_\_

Address in City Limits: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Does the business reside in the City limits? \_\_\_\_\_ Single Job? \_\_\_\_\_ Erecting a New Sign? \_\_\_\_\_

Do you sell food or beverages that are prepared and/or consumed on your premises? \_\_\_\_\_

Are you leasing the property? \_\_\_\_\_

*If yes, provide the landlord's name, address and phone number.*

\_\_\_\_\_

**ADDRESS & CONTACT INFORMATION**

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Company Email: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

**OWNERSHIP INFORMATION**

Name(s) of Owner(s), Partnership(s), and/or Principal(s): \_\_\_\_\_

(Please check one): Corporation      Partnership      LLC      Non-Profit      Sole Proprietorship

(Please complete one): Federal Tax ID# \_\_\_\_\_ (OR) Social Security# \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**INSTRUCTIONS**

1. Complete all sections of the Business License Application. Any incomplete data could result in a delay in processing your application.
2. Reference the Tax Rate Schedule and Class Schedule to calculate the amount due. Ensure that any applicable penalties are included in the calculation.
3. Review the applicant certification, sign and date in the designated space.
4. Submit the application and payment:

Mail:

City of Orangeburg  
 PO Box 387  
 Orangeburg, SC 29116-0387

In Person:

City of Orangeburg  
 979 Middleton Street  
 Orangeburg, SC 29115

**CALCULATION OF U<sup>o</sup> CE  
(REFER TO TAX RATE SCHEDULE & CLASS SCHEDULE FOR RATES)**

License Rate Class: \_\_\_\_\_

Total gross revenue from last calendar year = \$ \_\_\_\_\_ (A)

Base Rate (refer to tax rate schedule): All businesses must at least pay the base rate. \$ \_\_\_\_\_ (B)

Total revenue from line (A) \$ \_\_\_\_\_ - \$2,000 = \$ \_\_\_\_\_ ÷ 1,000 = \$ \_\_\_\_\_ (C)

Additional fee per \$1,000 (refer to tax rate schedule) \_\_\_\_\_ x amount in line (C) \$ \_\_\_\_\_ = \$ \_\_\_\_\_ (D)

Subtotal: Add line (B) \_\_\_\_\_ plus line (D) \_\_\_\_\_ = \$ \_\_\_\_\_ (E)

Penalty Amount (if applicable): \$ \_\_\_\_\_ (F)

**Total Due: Add lines (E) and (F) ( if penalties apply) \$ \_\_\_\_\_ (G)**

*Contact the Business License Department at 803-539-3750 for assistance in calculating the \_\_\_\_\_ if necessary.*

**TAX RATE SCHEDULE**

License Class	Base Rate		Rate Per Thousand of Gross Income	
	Resident	Non-Resident	Resident	Non-Resident
Class 1	\$40.00	\$80.00	\$1.15	\$2.30
Class 2	\$45.00	\$90.00	\$1.25	\$2.50
Class 3	\$50.00	\$100.00	\$1.35	\$2.70
Class 4	\$55.00	\$110.00	\$1.45	\$2.90
Class 5	\$60.00	\$120.00	\$1.55	\$3.10
Class 6	\$65.00	\$130.00	\$1.65	\$3.30
Class 7	\$70.00	\$140.00	\$1.75	\$3.50
Class 8.1	\$55.00	\$110.00	\$1.00	\$2.00
Class 8.51	\$12.50 plus \$12.50 per machine			
Class 8.52	\$12.50 plus \$180.00 per machine			
Class 8.6	\$40.00 plus \$5 or \$12 per table		\$1.00	\$1.00
Class 9.5	\$250.00	\$250.00	\$5.00	\$5.00
Class 9.8	\$100.00	\$100.00	\$0.45	\$0.45

*If the business' gross income is over \$5 million, contact the Business License Department at 803-539-3750 for declining rates.*

**APPLICANT CERTIFICATION**

The applicant shall certify under oath that the information given in the application is true, that the gross income is accurately reporting without any unauthorized deductions, and that all assessments, personal property taxes on business property, and other monies due and payable to the Municipality have been paid. The applicant is aware of and understands the jurisdiction's requirements and codes and that failure to comply with these requirements may result in the business license revocation as well as other compliance or legal efforts. The license official or other authorized agent of the City of Orangeburg is empowered to inspect, examine, and audit books and records. It shall be unlawful for any such person to fail or refuse to make available the necessary books and records.

Applicant/Preparer Name (print first and last name): \_\_\_\_\_

Applicant/Preparer Signature: \_\_\_\_\_

Applicant/Preparer Email (REQUIRED): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_