



## APPLICATION FOR 2025 BUSINESS LICENSE

Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Owner or Representative: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_ **Send Renewal Notice by email (circle one): YES / NO**

Federal Employer's ID Number: \_\_\_\_\_ NAICS code from tax return if known: \_\_\_\_\_

911 Business Address: \_\_\_\_\_

Mailing address if different than above: \_\_\_\_\_

### **More information:**

- |                              |                             |   |                              |                             |                                      |
|------------------------------|-----------------------------|---|------------------------------|-----------------------------|--------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Change use to building?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Erecting new sign?                   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Home occupation?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Independent Contractors (Form 1099)? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Leasing property:   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, names:                       |
|                              |                             | If yes, landlord names & address:   |                              |                             | Restrictive covenants:               |
|                              |                             |   |                              |                             | If yes, provide copy:                |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you sell food or beverages that are prepared and/or consumed on your premises? |                              |                             |                                      |

### **Applicant Certification:**

- I hereby certify that all information provided is true and correct to the best of my knowledge and that the gross revenue on the reverse is accurately reported or estimated for a new business without any unauthorized deduction.
- I certify that assessments, delinquencies, and personal property taxes due to the jurisdiction are fully paid.
- I understand that providing false or fraudulent information may result in penalties, business license revocation and/or prosecution to the fullest extent possible.
- I am aware of and understand the jurisdiction's requirements and codes, and the issuance of a business license is contingent upon strict and consistent compliance with all the jurisdiction's requirements.
- I understand that failure to comply with these requirements may result in business license revocation as well as other compliance or legal efforts.
- I also understand and authorize the jurisdiction and its agents to utilize all information on this application to ensure that all other federal, state, and local laws are complied with.
- All business licenses are subject to audit to ensure compliance with our Business License Ordinance. If audited, you may be required to provide necessary records as stated in our Business License Ordinance under Section 5-B. We receive records from the SCDOR annually to check the accuracy of information you provide.

\_\_\_\_\_  
*Applicant Printed Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

**OVER →**

**FOR DOMICILE BUSINESS ONLY:**

Gross Revenues: \_\_\_\_\_  
(DOES NOT PERTAIN TO NEW BUSINESS)

Fire Marshall Approval: \_\_\_\_\_  
(New Business Only) Signature

Zoning Administrator Approval: \_\_\_\_\_  
(New Business Only) Signature

**FOR CONTRACT BUSINESS ONLY:**

Cost of Job (including cost of all contracted labor) \_\_\_\_\_

Project/Job Start Date: \_\_\_\_\_ Project/Job End Date: \_\_\_\_\_ Tax Parcel #: \_\_\_\_\_

Project/Job Type:       New Construction                       Renovation                       Other \_\_\_\_\_

General Contractor Name: \_\_\_\_\_

List all Sub-Contractors: (include Contractor Name, State Contractor License #, State, & Expiration Date)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address of work site: \_\_\_\_\_  
\_\_\_\_\_

Zoning Administrator Approval: \_\_\_\_\_  
Signature

.....  
**TO BE COMPLETED BY TOWN CLERK OF SIX MILE**

Fee: \_\_\_\_\_  
Date paid: \_\_\_\_\_

Receipt number: \_\_\_\_\_  
License number: \_\_\_\_\_

## Appendix A: Business License Rate Schedule

Income: \$0 - \$2,000

Income Over \$1,000

Rate Class	Base Rate	Rate per \$1,000 or Fraction Thereof
1	\$50	\$1.00
2	\$50	\$1.00
3	\$50	\$1.00
4	\$50	\$1.00
5	\$50	\$1.00
6	\$50	\$1.00
7	\$50	\$1.00
8.1	\$100	\$1.50
8.2	Set by State Statute	
8.3	MASC Telecommunications	
8.4	MASC Insurance	
8.51	\$12.50 + \$12.50 per machine	
8.52	\$12.50 + \$180.00 per machine	
8.6	\$50 + \$5.00 -OR- \$12.50 per table	\$1.00
9.7	\$150	\$2.00

### NON-RESIDENT RATES

Unless otherwise specifically provided, all taxes and rates shall be doubled for nonresidents and itinerants having no fixed principal place of business within the Municipality.

**Exhibit A: Amendment to Classes 1 – 8 in Appendix B of the  
Current Business License Ordinance**

**APPENDIX B  
Classes 1 – 8: Business License Class Schedule by NAICS Codes**

<b>NAICS Sector/Subsector</b>	<b>Industry Sector</b>	<b>Class</b>
<b>11</b>	Agriculture, forestry, hunting and fishing	1
<b>21</b>	Mining	2
<b>22</b>	Utilities	1
<b>31 - 33</b>	Manufacturing	3
<b>42</b>	Wholesale trade	1
<b>44 - 45</b>	Retail trade	1
<b>48 - 49</b>	Transportation and warehousing	1
<b>51</b>	Information	4
<b>52</b>	Finance and insurance	7
<b>53</b>	Real estate and rental and leasing	7
<b>54</b>	Professional, scientific, and technical services	5
<b>55</b>	Management of companies	7
<b>56</b>	Administrative and support and waste management and remediation services	3
<b>61</b>	Educational services	3
<b>62</b>	Health care and social assistance	4
<b>71</b>	Arts, entertainment, and recreation	3
<b>721</b>	Accommodation	1
<b>722</b>	Food services and drinking places	2
<b>81</b>	Other services	4
<b>Class 8</b>	<b>Subclasses</b>	
<b>23</b>	Construction	8.1
<b>482</b>	Rail Transportation	8.2
<b>517111</b>	Wired Telecommunications Carriers	8.3
<b>517112</b>	Wireless Telecommunications Carriers (except Satellite)	8.3
<b>517122</b>	Agents for Wireless Telecommunications Services	8.3
<b>5241</b>	Insurance Carriers	8.4
<b>5242</b>	Insurance Brokers for non-admitted Insurance Carriers	8.4
<b>713120</b>	Amusement Parks and Arcades	8.51
<b>713290</b>	Nonpayout Amusement Machines	8.52
<b>713990</b>	All Other Amusement and Recreational Industries (pool tables)	8.6
<b>Class 9</b>	<b>Subclasses</b>	
<b>722410</b>	Drinking Places (alcoholic Beverages)	9.7

2023 Class Schedule is based on a three-year average (2017 - 2019) of IRS statistical data.  
This appendix will be updated every odd year based on the latest available IRS statistics.