

Town of Bluffton
 Business License Renewal Form
 20 Bridge Street, PO Box 386
 Bluffton, SC 29910
 Phone: 843-706-4501
 Fax: 843-706-4503



Business ID:
NAICS Code:
Rate Class:
Renewal Year :

Date Received: _____
 Received By: _____

<i>Current information on file</i>	<i>Write in any changes or corrections to our current information in the area below</i>
Company Name:	
Business Type:	
Physical Location:	
Mailing Address:	
Business Phone: _____ Fax#: _____	
Owner Name:	
Billing Contact:	
Contact Phone:	
Contact email:	

<i>"Gross Income" means the total income of a business, received or accrued, for one (1) calendar year collected or to be collected from business done within the Town, excepting there from income earned outside of the Town on which a license tax is paid to some other municipality or a county and fully reported to the Town</i>	RENEWAL FEE CALCULATIONS	OFFICE USE ONLY
Enter total amount of gross income received from previous year.	1.	
<i>Base fee allowance.</i>	2.	
Subtract line 2 from line 1. If your gross income for the Town of Bluffton are less than your Base Fee Allowance shown on line 2, enter 0 on line 3.	3.	
Formula for calculating fee: Multiply line 3 by your rate:	4.	
Contractors Only: Payments credited through building permits.	5.	
Subtract line 5 from line 4 (If Applicable) RENEWAL FEE	6.	
<i>Base Renewal Fee</i>	7.	
Add lines 6 and 7: This is the amount due on or before April 15th.	8.	
If paying after <u>April 15th</u> , enter any Late Fee Percentage-5% of the amount due (line 8) for each month (or part thereof), beginning April 16th. Enter \$0.00 if no late fees are due.	9.	
Add lines 8 and 9. TOTAL FEE DUE - Pay this amount Please make check payable to: Town of Bluffton	10.	

I (we) do hereby certify under oath, that the above information and amount listed as gross income to the above business is true and correct, and that I have made no deductions except income on which I have paid a business license tax to another city or county, for which I have proof of payment. I am familiar with the penalty provisions of the ordinance and the grounds for revocation of a license, including making false or fraudulent statements on this application. I certify that all business personal property taxes, accommodation and/or hospitality taxes which may be due and payable to the city/county have been paid, and that the above business name is the same as reported on documents filed with the State and Federal Governments. I understand that my business tax returns and other documents may be inspected by the Town of Bluffton to verify gross income or other business data. I further certify that all business employment practices are in compliance with Federal, State, and local laws.

 Signature/Authorized Representative

 Title

 Date