

Check One:

New Application Renewal

Check One:

McBee Resident Non-Resident

Town of McBee

Business License Application

PO Box 248 38 W. Juniper St

McBee, SC 29101

Phone: 843-335-8474 Fax: 843-335-5163

In order to insure proper credit to your account, you must return this application.

Account No.: _____

LICENSE YEAR: July 1, _____ - June 30, _____

Name / Mailing Address

PLEASE PRINT

Physical Address: _____

Business Type: _____

Business Owner: _____

COMPLETE GROSS INCOME GENERATED WITHIN MCBEE TOWN LIMITS PRIOR TO CALCULATING FEE

Total Gross Income (before expenses) as reported to IRS for the preceding calendar year: _____

NEW BUSINESS: Calculate an estimated annualized gross income (before expenses) : _____

Based on your "Gross Income" calculation, use the following table to determine your Business License fee:

Your Gross Income is within:

Your Business License Fee is:

Gross Income of \$1.00 - \$5,000	\$30.00
Gross Income of \$5,001 - \$10,000	\$40.00
Gross Income of \$10,001 - \$15,000	\$60.00
Gross Income of \$15,001 - \$25,000	\$80.00
Gross Income of \$25,001 - \$50,000	\$100.00
Gross Income of \$50,001 - \$100,000	\$150.00
Gross Income of \$100,001 - \$200,000	\$200.00
Gross Income of \$200,001 - \$300,000	\$300.00
Gross Income of \$300,001 - \$800,000	\$330.00
Gross Income of \$800,001 and above: Calculate as follows Base Fee = \$500 PLUS \$0.25 for each additional \$1,000 over \$800,001	\$ _____

Business License Fee _____

Add 15% Penalty per month, if postmarked after JULY 1ST _____

Total License Fee _____

This is to certify that the above is a true statement and that this application corresponds with the records of the business and with the returns filed or to be filed with the South Carolina Tax Commission. I understand that the Town of McBee Ordinance (as printed on the reverse side of this application) provides for penalties and license revocation for making false or fraudulent statements in this application. I understand that my records are subject to audit for verification of revenue reported.

Printed Name of Applicant: _____

Signature: _____