



307 Spartanburg Hwy  
 P.O. Box 99  
 Wellford, SC 29385  
 (864) 439-4875 Fax: (864) 439-2437

## Application for Professional Business License

For the license period of May 1, 2025 – April 30, 2026

**Please complete and verify all information.**

Use a separate application for each business to be licensed.

**YOU MUST REMIT PAYMENT WITH COMPLETED APPLICATION**

**Every person engaged or intending to engage in any calling, business, occupation or profession listed in the rate classification index portion of the City's business license ordinance, in whole or in part, within the limits of the city, is required to pay an annual license fee and obtain a business license as herein provided.**

Business License Fee Renewals are due by May 1<sup>st</sup> every year to avoid penalties.

DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State & Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Owner Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State & Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Fed. Id #
SC Tax #
SS #

**Location of work being performed:** \_\_\_\_\_

Instructions for completing form (Verify all Information and make changes where necessary)

1. Enter gross income for preceding calendar or fiscal year (12 months). Not including taxes collected for a government agency.
2. Deduct income on which a license tax was paid to another municipality or county.
3. Enter balance of gross income subject to license tax. (ALL businesses must at least pay the applicable BASE FEE)
4. Compute license fee using classification class rate indicated below. If applicable, apply the declining Rate Schedule.
5. If Applicable, Add penalty for late payment. (PENALTIES are assessed monthly at a rate of 5% of total due for fees collected after July 31<sup>st</sup>)
6. For business operating less than a full year, divide the gross by number of months in operation and multiply 12 for an annualized figure.
7. Business Licenses will NOT be issued until payment is received in full.
8. Make Check payable to the **CITY OF WELLFORD** State Contractor's Lic. No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Refer to City's Business and Rate Classification Indexes in order to determine the rate class and fee rate for the business to be licensed.

Type of business: \_\_\_\_\_  
 Class Rate: \_\_\_\_\_ Base Rate: \_\_\_\_\_  
 Per each additional \$1000 rate: \_\_\_\_\_

<u>Declining Rate Chart (Gross Sales)*</u>
Up to \$ 1 million – 100% of Fee
\$1 to \$2 million – 90 % of Fee
\$2 to \$3 million – 80 % of Fee.
Over \$3 million – 70% of Fee.
*Apply BEFORE adding penalties.

**Gross Sales\*\*:** \_\_\_\_\_ - \$2000.00 X \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = Total Due\*:

Per add. Rate                      Base Rate                      Penalties

**BUSINESSES LOCATED OUTSIDE THE CITY LIMITS, MUST DOUBLED THE TOTAL DUE, LESS PENALTIES.**

\*\*All Businesses are subject to audit and verification of Gross Receipt by examination of Income Tax Returns and documents filed with State and Federal government agencies as provided for under State Law (SC Code Section 12-04-0310)

**If you employ an Accountant or Booking firm give name, address and phone number:** \_\_\_\_\_

**Print name of owners, partners or officers of firm and their titles:** \_\_\_\_\_

**I, (we) do hereby certify that the amount returned as GROSS SALES from my business or profession as reported herein is true and correct, and that I am familiar with the City Ordinance Providing for penalties and revocation of my (our) license for making false statements in this application, and;**

**I, (we) hereby certify that all taxes due to the City by such Business for the year preceding the year for which this application is made, have been paid in accordance with municipalities' Business License Ordinance.**

**By:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature of person executing for Firm or Corp.

SWORN to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 2025, signed: \_\_\_\_\_

My Commission expires: \_\_\_\_\_ Notary Public (affix Seal)

Office use only

License/Customer # _____	Date Paid: _____
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