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

Application for 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 1st 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 31st)
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: _____

Declining Rate Chart (Gross Sales)*
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/Revenue**:_____ -$2,000 / 1000 X _____ + _____ + _____ = Total Due*:_____
Rounded to the nearest thousand | 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:** _____ **Payment Method:**_____**Clerk:**_____