

CITY OF MULLINS

151 E. Front Street
P. O. Drawer 408
Mullins, South Carolina 29574



PHONE: (843) 464-9583
FAX: (843) 464-5202

BUSINESS LICENSE APPLICATION

PLEASE ALLOW 7-10 WORKING DAYS FOR COMPLETION OF REQUESTS

Date

Business Name

Address (Location of Business)

Tax Map Number

Block Number

Lot Number

Zoning District

Federal ID/SS Number

SC Retail Tax Number

Type of Business

SIC/NAICS Code

Rate Class

Application for: New** Renewal Going out of business (date _____)

Ownership: Corporation Partnership Individual – Number of Employees _____

Name of Owner, Partner, or Principal: _____

Telephone: Local _____ Home _____ Emergency _____

Fax Number: _____ E-Mail: _____

Is Hazardous Waste involved in operation? No Yes (attach details)

Code Clearance: Zoning Inspection Fire Health

** If NEW BUSINESS must have completed CODE CLEARANCE FORM

All businesses are subject to audit and verification of gross receipts by examination of income tax returns and documents filed with State and Federal Government Agencies.

Compute your tax according to the attached schedule and make check payable to **City of Mullins.**

1. Enter gross income for preceding calendar of fiscal year (12 months): _____
(Gross income does not include 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 _____
4. Use rate schedule provided to compute license fee due _____
(Apply declining schedule if applicable)
5. Add penalty for late payment if applicable (10% of total license due _____
if paid after July 31st)

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6. For BUSINESSES OPERATING LESS THAN A FULL YEAR, divide the gross by the number of months in business and multiply by 12 for an annualized figure.
7. Business licenses will not be issued until payment has been made in full.

CONTRACTORS ONLY:

CARD NUMBER: _____

NAME: _____

ADDRESS: _____

EXPIRATION DATE: _____

COPY ATTACHED: _____ YES _____ NO

I (We) do hereby certify that the above information and amount returned as gross income from my business is true and correct, and that I have made no deduction 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 City of Mullins Business License Tax Ordinance and the grounds for revocation of the license, including making false or fraudulent statements in this application. I certify that all business personal property taxes due and payable to the City of Mullins 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 income tax returns and other documents may be inspected to verify gross income or other business data.

Signature

Title

Date

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CODE CLEARANCE FORM

This form is required for **all** businesses located in the City of Mullins. Please allow **7-10 working days for completion of request** regarding code clearance.

In addition to your application for a business license, you are required to get the necessary approvals for code compliance applicable to the location and nature of your business.

Items marked below indicate which approvals are required. Upon completion of this clearance sheet you may mail or bring it with the required license fee to this office. **You may not lawfully conduct business until a license is issued by this office.**

Date: _____ Name of Business: _____
Name of Owner: _____
Street Address: _____
Telephone: _____ Zip Code: _____
Type of Building: () Residence () Store () Office Building () Warehouse

[] Zoning Division: Compliance with Zoning Ordinance
() Approved
() Disapproved

Signature Date

[] Inspection Division: Compliance with Building Code
() Approved
() Disapproved

Signature Date

[] Fire Department: Compliance with Fire Code
() Approved
() Disapproved

Signature Date

[] SCDHEC: Compliance with SCDHEC Regulation(s)
() Approved
() Disapproved

Signature Date

In the event of a change of location or ownership of a business, the same procedure must be followed within ten (10) days of change. If you have any difficulties, please call this office at 843.464.9583. Deliver or mail to City of Mullins, Business License Division, PO Drawer 408, Mullins, SC 29574. Thank you for doing business in our City.