



# Marion County Business License Division

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## BUSINESS LICENSE APPLICATION

<b>Business Status</b> (select all that apply)	<input type="checkbox"/> New	<input type="checkbox"/> Location Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Owership Change	<input type="checkbox"/> Renewing
					If renewing your Business License, please fill out front and back of this form
State License #:		Retail License#:		Federal I.D.#:	
Business Type: Commercial <input type="checkbox"/> Home based <input type="checkbox"/> Nature of Business: _____					
Name of Business:					
Business Address:					
Mailing Address (if different than physical address):					
Email Address:			Business/Contact Phone#: (    )		
Projected Gross Income (New Business Only):					
Total Gross Income in Marion County Reported to IRS Nov 1-Oct 31 of prior year:					

**I (WE) HEREBY CERTIFY THAT THE AMOUNT RETURNED AS TOTAL GROSS FROM MY BUSINESS OR PROFESSION AS REPORTED HEREIN IS TRUE AND CORRECT. I AM FAMILIAR WITH THE COUNTY ORDINANCE PROVIDING FOR PENALTIES AND REVOCATION OF MY (OUR) LICENSE FOR MAKING FALSE OR FRAUDULENT STATEMENTS IN THIS APPLICATION. I ALSO UNDERSTAND THAT MY (OUR) RECORDS ARE SUBJECT TO AUDIT AND REPORTED GROSS IS SUBJECT TO VERIFICATION WITH THE IRS. ALL OF MY PERSONAL PROPERTY TAXES DUE AND PAYABLE TO THE COUNTY HAVE BEEN PAID. I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION TO BE TRUE AND CORRECT.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*A Copy of the Rate Scale and Class Codes with Base Fees are printed on the reverse of this document for your convenience\***