



# Business License Application 2018

Town of Meggett  
South Carolina

Tel. (843) 889-3622 Fax (843) 889-6873

LICENSE # \_\_\_\_\_

CHECK # \_\_\_\_\_

LICENSE FEES DUE ON OR BEFORE FEBRUARY 28, 2018

RATE CLASS \_\_\_\_\_ AMOUNT OF LICENSE \_\_\_\_\_

DATE \_\_\_\_\_ PENALTY \_\_\_\_\_

FEDERAL ID OR SOCIAL SECURITY NO \_\_\_\_\_

RETURN TO: **Town of Meggett**  
**Business License Renewal**  
**4776 Hwy 165,**  
**Meggett, South Carolina 29449**

APPLICATION IS HEREBY MADE \_\_\_\_\_  
AGENT, OWNER, MANAGER OR TREASURER

NAME OF BUSINESS \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

ADDRESS OF BUSINESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

GROSS AMOUNT OF INCOME of said business, profession or calling of the PRECEDING YEAR or GROSS  
AMOUNT OF JOB in the TOWN OF MEGGETT \_\_\_\_\_.

Job Location:

\_\_\_\_\_  
\_\_\_\_\_

<p>Date Approved _____</p> <p>_____</p> <p>Administrator/Town Clerk/Treasurer</p>
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STATE OF SOUTH CAROLINA/COUNTY OF CHARLESTON/TOWN OF MEGGETT

I do solemnly swear that the statement made as to the gross income or other form of measurable return is true and correct, as reported on my South Carolina Tax Return for the year 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Applicant