LICENSE # _____

CHECK # _____

Business License Application 2016

Town of Meggett
South Carolina
Tel. (843) 889-3622 Fax (843) 889-6873

LICENSE FEES DUE ON OR BEFORE FEBRUARY 29, 2016

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

APLICATION 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:

_____

_____

Date Approved _____

_____
Administrator/Town Clerk/Treasurer

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