TOWN OF SANTEE POST OFFICE BOX 1220 194 MUNICIPAL WAY SANTEE, SC 29142



AVOID PENALTY

This Application with remittance in full must be completed and returned with full payment on or before **04/30/2022 (for annual renewals).** If no longer in business, please so indicate and return the application to avoid further penalty.

PHONE: (803) 854-2152 x2 FAX: 803-854-3233

BUSINESS NAME AND MAILING ADDRESS	EMERGENCY CONTACT NAME AND ADDRESS		
Name:			
Address:			
Address 2:			
City, St., Zip:			
Phone:	Tax ID Number:		
Location:	Ownership Type:		
Business Class:	Business Description:		
Responsible Person:	Accountant Name:		
Bonding Company & Bond Number:			
Other License #: State Retail Licen	nse #:		
CALCULATION OF LICENSE FEE:		LICENSE FEE	
GROSS RECEIPTS \$			
	Late Payment Penalty 5% (Per Month or Portion Thereof)		
	Total Payment		
Please Call 803-854-2152 ext. 201 for License Fee Amount.			
Attach current copy of driver's license and all State required certifica Contractor, etc.).	ations or license for business or profession (Contract	or, Specialty	
I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATI	ION IS TRUE.		
Signature	Title	Date	

PLEASE NOTE: All businesses will pay a fee based on prior year gross receipts.

All businesses may be subject to income verification.

All business conducted outside the Town of Santee by in-town businesses and reported to another municipality for a business license may be deducted from the gross receipts.

Out of town businesses must provide documentation of gross receipts for work done within the town limits of Santee.

CHECK/CASH	NEW – N	OUT OF BUSINESS – X	TRANSFER – T	NAME CHANGE – NC	OTHER -O