



TOWN OF NORWAY

PO Box 127

8403 Savannah Highway

Norway, South Carolina 29113

Phone: (803) 263-4300 / Fax: (803) 263-4114

BUSINESS LICENSE APPLICATION

Business Name: _____

Contact Person: _____

Mailing Address: _____

Business Type: _____

Business Location: _____

Phone Number () _____

Fax Number () _____

Any application and license renewal fee received by Town Hall after April 15th will incur a penalty of 5%. State tax records can and will be used to verify gross income reported for a Norway Business License. Upon signing this application, you certify that all information is true and correct.

Gross Income for prior year: _____

Business Class (*class on back*): _____

Class Base Rate (\$0-\$2,000): _____

Amount of Overage _____ + _____ = _____

$((\text{Gross Income} - \$2,000) \div 1,000) \times (\text{Overage rate over } \$2,000)$
(rate on back)

TOTAL LICENSE FEE DUE: \$ _____

NOTES

APPLICANTS SIGNATURE: _____ DATE: _____

***** RATES ON BACK *****

BUSINESS LICENSE RATES

<u>CLASS</u>	<u>BASE RATE</u> <u>INCOME</u> <u>\$0 - \$2,000</u>	<u>OVERAGE RATE</u> <u>\$2,000 +</u>
1	\$30.00	\$.65
2	\$32.50	\$.70
3	\$35.00	\$.75
4	\$37.50	\$.80
5	\$40.00	\$.85
6	\$42.50	\$.90
7	\$45.00	\$.95
8	SEE INDIVIDUAL	BUSINESS IN CLASS