

City of Cayce Business License Renewal



<http://tinyurl.com/322pfjns>
1800 12th St. Cayce, SC 29033

New or Renewal



Business License Application For Business License Year 2024

Business License Renewal Center



<http://tinyurl.com/4fea9ar6>
PO Box 2004 Cayce, SC 29033

Renewal only

You are responsible for renewing whether you have received a renewal application form.

Business Information

Corporate name:	
Doing business as:	Open date: <i>New businesses only</i>
Organization type: Sole proprietor LLC LLP LP Corporation Non-Profit <i>Articles of Organization or Incorporation, and 990 tax forms will be required.</i>	
Business Description:	NAICS: <i>For assistance visit www.naics.com</i>
Federal ID/SSN #:	State retail sales #:
Mailing address:	
Physical address:	
Contact name, title:	
Contact phone:	Ext. Alternate phone:
Fax:	Email:

Owner or Principal(s) Information

Owner or Principal(s) name:	<i>Check if same as above</i>
Mailing address:	
Work phone:	Ext. Cell phone:
Fax:	Email:

Other Information

Yes	No	Business leasing space to another business?
Yes	No	Home occupation? <i>If yes, you will need to complete the Home Occupation Permit www.cognitiform.com/cityofcayce/homeoccupationpermit</i>
Yes	No	Independent contractors (Form 1099)? <i>If yes, names:</i>
Yes	No	Do you own or manage a rental property? Property Management Company Name: Rental Address: _____
Yes	No	Is your rental a short-term rental (rented for 90 day or less at time)? For example- AIRBNB, VRBO
Yes	No	Do you sell food or beverages that are prepared and/or consumed on your premises?
Yes	No	Does your business have Coin-Operated Amusement Machines? <i>How many?</i>
Yes	No	Does your business have Pool Tables? <i>If yes, how many? Large: Small:</i>
Yes	No	Does your business require you to have a State License with SCLLR? (ex. Barber/hairdresser, accountant, dentistry, real estate). State License #: Exp. date:

(CONTRACTORS ONLY) Job/Project Information

Project start date:	Estimated end date:
Project location:	Tax parcel #:
Project type: New construction Renovation Other:	
General contractor name:	
Job contact name:	Phone:
Total gross revenues of contract amount: \$ <i>Copy of contract may be required.</i>	

Computation of Fee:

If the business has a domicile within the City of Cayce: business done within the City of Cayce shall include all gross receipts or revenue received or accrued. No deductions from gross income shall be made except income earned outside of the municipality on which a license tax is paid by the business to some other municipality or county and fully reported to the municipality. If your business is making any deductions, you are required to submit documentation to show where the license tax was paid to another municipality.

If your business does not have a domicile within the City of Cayce: business done within the City of Cayce shall include only gross receipts or revenue received or accrued within the City of Cayce.

You can apply by going to the QR code links on the front of the application. If you wish to mail in the application, please visit www.localblrenewal.com/city_of_cayce/renewalinformation to use the business license calculator tool. For questions, please contact Business Licensing 803-205-4448.

“Gross income” means the gross receipts or gross revenue of a business received or accrued, for one calendar or fiscal year collected or to be collected from business done within the Municipality.

GROSS INCOME (must be rounded up to the next thousand - \$ _____)

Applicant Certification

Check each box as acknowledgment.

1. I hereby certify that all information provided is true and correct to the best of my knowledge and that the gross revenue is accurately reported or estimated for a new business without any unauthorized deduction.
2. I certify that assessments, delinquencies, and taxes due to the City of Cayce are fully paid.
3. I understand that providing false or fraudulent information may result in penalties, business license revocation and/or prosecution to the fullest extent possible.
4. I am aware of and understand the City of Cayce's requirements and codes, and the issuance of a business license is contingent upon strict and consistent compliance with all of the jurisdiction’s requirements.
5. I understand that failure to comply with these requirements may result in business license revocation as well as other compliance or legal efforts.
6. I also understand and authorize the City of Cayce and its agents to utilize all information on this application to ensure that all other federal, state, and local laws are complied with.
7. I understand that it is my responsibility to let the City of Cayce know if I wish to close my business, and that I will need to provide a written, signed, and dated request in order to terminate my license.

Applicant printed name:	Signature:
Title:	Date:

Official Use Only

Classification - Customer # -