# County of Orangeburg
# Business License Application

Business License for Calendar Year

_____

**Return Application To:**

**County of Orangeburg**

**P.O. Drawer 9000**

**Orangeburg, SC 29116**

Phone (803) 268-2923

Fax (803) 268-2924

Submit via email to:
businesslicenses@orangeburgcounty.org

**Please check all that apply:**

New ____        Individual ____

Renewal ____      Partnership ____

Corrections ____    Corporation ____

Closed ____

---

Business Name _____

Mailing Address _____

City, State, Zip _____

Phone Number _____

Business Location _____

Located in the County:  Yes _____ No _____

Federal ID # _____

State ID # _____

SSN _____

NAICS Code _____ Rate Code _____

NAICS Description _____

Owner Name _____

Address _____

City , State, Zip _____

Phone Number_____ Fax Number _____

Email Address _____

Driver's License _____ State _____

Partner/Emergency Contact _____

Address _____

City, State, Zip _____

Phone Number _____

Additional Info _____

---

Gross Receipts $ _____
**(Based on in county rates, if out of county please double the fee)**

| | |
|---|---|
| **Base Rate of $2,000** | $ 25.00 |
| $998,000 x .001 x .75 | $ _____ |
| 1-2 million x .001 x .675 | $ _____ |
| 2-3 million x .001 x .525 | $ _____ |
| 3-4 million x .001 x .375 | $ _____ |
| 4-5 million x .001 x .225 | $ _____ |
| 5-6 million x .001 x .075 | $ _____ |
| Over 6 Million x .001 x .0375 | $ _____ |
| **Total License Fee Due** | $ _____ |

**\*\*Please call if you need help calculating the fee**
**(803) 268-2923**

Penalty (5% per month)    $_____

**Total Due including Penalties**    **$_____**

---

_____     _____     _____

Applicant Signature             Title             Date