

**TOWN OF GILBERT**  
**345 HAMPTON STREET, POST OFFICE BOX 71**  
**GILBERT, SOUTH CAROLINA 29054**

**APPLICATION FOR BUSINESS OR PROFESSIONAL LICENSE FOR MAY 1, 2024 THRU APRIL 30, 2025**

Applicant **MUST** answer completely all questions on this form. All concerns are subject to audit. Reported gross is subject to verification with the Internal Revenue Service.

1. Name of Applicant \_\_\_\_\_
2. Name of Business \_\_\_\_\_
3. Business Street Address \_\_\_\_\_
4. Type of Business \_\_\_\_\_
5. Mailing Address \_\_\_\_\_
6. Business Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_
7. Social Security Number or Federal Employer's ID \_\_\_\_\_

Applicants for renewal **MUST** report gross receipts or premiums for the preceding year (excluding interstate commerce income). Applicants for new license must report anticipated gross for the period May 1, 2024 thru April 30, 2025. Applicants for renewal who have been in business less than one full year must calculate gross for that period in which business was in operation, divided by the number of months in operation, then multiply the average by 12.

Businesses with offices located within the Town of Gilbert must report gross receipts/premiums collected through the Gilbert office including amounts collected outside the town limits, except that on which the license fee is paid to another municipality. Businesses whose offices are located outside the Town of Gilbert but who do business within the town must report only the gross collected within the town limits.

Contractors whose businesses are located outside the town limits must report anticipated total amount of contracted work to be performed.

GROSS RECEIPTS \_\_\_\_\_ or GROSS PREMIUMS \_\_\_\_\_

AMOUNT DUE: On gross receipts, premiums, or contracts not exceeding \$150,000	\$25.00
PLUS 10 cents per \$1,000 for each additional \$1,000	+ _____
TOTAL LICENSE FEE DUE	= \$ _____

BUSINESS LICENSE FEES ARE DUE AND PAYABLE PRIOR TO MAY 1, 2024 (OR PRIOR TO THE START OF A NEW BUSINESS) AND BECOME DELINQUENT AFTER JUNE 1, 2024, AFTER WHICH A 10 PERCENT PER MONTH PENALTY WILL BE ADDED. PLEASE MAIL TO THE POST OFFICE BOX ADDRESS.

I certify the information above is true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date