



City of Spartanburg  
 Business License Division  
 P.O. Box 1749  
 Spartanburg, SC 29304  
 (864) 596-2055 Phone  
 (864) 596-2424 Fax

**For Office Use Only:**

Clerk:
Business License #:
Date:
Previous:
Adjustment:
Total:

## Business License Adjustment Form

1. Business Name and mailing address:

Owner or Company: \_\_\_\_\_

Name on signs: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

2. Business classification/NAICS code: \_\_\_\_\_

3. Physical address (If different from mailing address. If outside of City, write OUTSIDE): \_\_\_\_\_

**Adjustments are made on revenue that exceeds the total gross revenue amount on which you based your license and any other adjustments for the year.**

4. Adjustment to license fees for the year ending December 31, 20\_\_\_\_\_

A. Additional revenue (Round up to the nearest \$1,000): \$ \_\_\_\_\_  
*Outside businesses report City revenues only.*

B. Fee adjustment:  $4A \div 1,000 \times$  (additional fee for your classification) \_\_\_\_\_ = \$ \_\_\_\_\_

C. Penalties due, if filing late or as a result of a gross income verification audit: \_\_\_\_\_ % \$ \_\_\_\_\_

D. Total Fees and penalties, if filing late: \$ \_\_\_\_\_

5. **Nonresident contractor classifications only**

A. Job site or job address for this adjustment: \_\_\_\_\_

B. Please list all subcontractors for this site (attach list if necessary):

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

6. Owner/officer/manager \_\_\_\_\_ Phone Number \_\_\_\_\_

7. Name of Preparer \_\_\_\_\_ Phone Number \_\_\_\_\_

This is to certify that the above is a true statement of the business done or transacted at or through the above location. The report corresponds with the books and records of the business and with the report of same filed, or to be filed, for the corresponding period with the SC Department of Revenue or Insurance Commissioner and with the Collector of Internal Revenue of the United States and that the exact amount returned as **TOTAL GROSS CONTRACTS** from this business or profession as reported herein are true and correct and that I am familiar with the City ordinance providing for penalties and revocation of this license for making false or fraudulent statements in this application. The books of this business are available for inspection by authorized agents of the City. The issuance of a business license is conditioned upon strict compliance with the ordinances of the City of Spartanburg and failure to so comply may result in revocation in addition to other remedies.

Signature of applicant and title \_\_\_\_\_

Date \_\_\_\_\_