city of greenville

Nonresident Contractors Adjustment

1a. Business name _____

1b. Billing Address, Suite # _____ Phone _____

2. City Business Category: _____

3a. Job site location(s) and gross contract amount(s):

_____ _____

_____ _____

Adjustments are made on all contracts/jobs that exceed the total gross contract/job amount on which you have based your current license. Include all new contract/job amounts, change orders, permits pulled, etc.

Do gross contracts for the current year exceed $2,000,000.00? ☐

4. Adjustments to Business License

A.	Additional contract/job amount(s) (Inside City ONLY)	A. _____	
B.	Calculate and enter fee based on line A1. Note: use the incremental rate per $1000	B. $ 0.00	
C.	Penalties due, if filing late.	C. _____%	$ 0.00
D.	Total Fees and penalties, if filing late.	D.	0.00

5. Contractors shall furnish the City the name and address of each subcontractor having any part whatsoever to do with all jobs within the City. Please mail listing specifying job site and all subcontractors to the address shown above.

6. Job site manager/superintendent _____ Phone Number _____

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 Greenville and failure to so comply may result in revocation in addition to other remedies.

Business, firm, or corporation name _____

Signature of applicant and title _____ Date _____

Business License Department * P.O. Box 2207 * Greenville, SC 29602

For Office Use Only

Previous: _____

Adjustment: _____

Total: _____