



## Nonresident Contractors Adjustment

- 1. Business Name \_\_\_\_\_
- 2. Billing Address, Suite # \_\_\_\_\_
- 3. Email Address \_\_\_\_\_
- 4. City Business Category: \_\_\_\_\_

- 5. Job site location, \_\_\_\_\_ Permit number (if any) \_\_\_\_\_ Gross contract amount: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Adjustments are required each time a new contract/job is obtained. It is the responsibility of the Contractor to pay on each job as the year progresses.**

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. Your business license is based on contracts or work performed within the City on a pay-as-you-go basis. All work begun in a fiscal year (May 1 – April 30) must be paid on during that fiscal year.

### 6. Adjustments to Business License

A. Additional contract/job amount(s)      A. \$ \_\_\_\_\_

B. Calculate and enter fee based on line - A      B. \$ \_\_\_\_\_

Note: use the incremental rate per \$1000

C. Penalties due, if filing late. \_\_\_\_\_ %      C. \$ \_\_\_\_\_

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

### 7. Contractors MUST furnish to the City of Greenville the business name, scope of work, contact name, email address, phone number, address, and contract amount of each subcontractor and building material suppliers 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 below.

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 conditional upon strict compliance with the ordinances of the City of Greenville and failure to comply may result in revocation in addition to other remedies.

Applicant/Preparer Name (Print first and last name)		Phone Number:	
Applicant/Preparer Signature:			Date:
Credit Card (Optional)	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
	<input type="checkbox"/> Amex	<b>CREDIT CARD SERVICE FEE 2.65%</b>	
By signing this form, I acknowledge that I will be charged a 2.65% Service Fee in addition to my total license tax			<b>Total Tax Due</b>
			\$
Credit Card # (Optional):	Exp. Date:	CV Code	

**The processing fee is assessed by a third party and is not collected by the City of Greenville.**

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

For Office Use Only	
Previous	
Adjustment	
Total	