



Nonresident Contractors Adjustment

Office Use Only: License # _____

Entered By _____

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. 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 calendar year must be paid on during that calendar year. **All remaining unreported contracts or work begun within the City during 2018 must be adjusted by December 31 Failure to report all contracts or work begun on or before December 31st will result in the maximum 50 percent penalty on the unreported amounts.**

4. Adjustments to Business License

A. Additional contract/job amount(s)
(Inside City ONLY)

A. \$ _____

B. Calculate and enter fee based on line A1.

B. \$ _____

Note: use the incremental rate per \$1000

C. Penalties due, if filing late.

C. _____ % \$ _____

D. Total Fees and penalties, if filing late.

D. \$ _____

5. Contractors shall furnish the City the name, 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 above.

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.

6. Name of Preparer _____ Phone Number _____

Signature of applicant and title _____ Date _____

Credit Card (Optional):	Visa <input type="checkbox"/> M/C <input type="checkbox"/> Discover <input type="checkbox"/> AmEx <input type="checkbox"/>	Card#	CV:
			Expires:

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

For Office Use Only

Previous: _____

Adjustment: _____

Total: _____