



City of Rock Hill
PO Box 11706
Rock Hill, SC 29731

Business License Renewal Notice

Year _____

Account# _____ License# _____

Name of Business Applicant

Business Location

Mailing Address

of Doctors or Attorneys in firm (if applicable) EIN or Social Security Number

Email Address Telephone Number
(Invoices will be sent electronically to those applying by email)

Gross Receipts Fee Amount
(Fee calculator may be found at <http://www.cityofrockhill.com/businesslicense.aspx>.)

I do hereby certify that the exact amount returned as total gross receipts from my business or profession as reported herein is true and correct, and that I am familiar with the city ordinances providing for penalties and revocation of the business license for making false or fraudulent statements on this return.

Note: If your business did not operate for a full prior 12 month period you will need to project gross receipts the full year.

PENALTY: Payment is delinquent May 1st each year. Penalty for delinquency on a business license is 5% for each month of delinquency or fraction thereof. Penalties will continue to accumulate until the license is paid in full.

Signature: _____ Title: _____ Date: _____

If renewing in person or by mail, payments may be sent with this invoice. Checks should be made payable to City of Rock Hill.

If applying electronically please e-mail completed form to businesslicense@cityofrockhill.com, You may pay online by MasterCard or Visa at <https://www.cityofrockhill.com/BusinessLicensePayment.aspx>. If paying online prior to receipt of your invoice, you must key in the amount you wish to pay. You may also pay by mailing a check or money order or in person by check, cash, credit card or money order or by calling (803) 325-2500 Monday thru Friday 8 am until 5 pm.

We appreciate your business.