

APPLICATION FOR BUSINESS AND PROFESSIONAL LICENSE FOR THE YEAR 2019

Town of Surfside Beach
Business License Department
115 Hwy 17 N. Surfside Beach, SC 29575
Ph: (843) 913-6342 Fax: (843) 238-5432

AVOID PENALTY
LICENSE DUE 06/01/2019
5% PERCENT PENALTY PER MONTH
APPLIED AFTER 06/01/2019
businesslicense@surfsidebeach.org

FOR OFFICE USE ONLY

Acct# Lic#
Rate Class NAICS
Date: Initials

- 1. Business Name:
Owner Name:
Mailing Address:
Mailing Address:
City/State/Zip:
Phone: Cell:
2. Business Location:
Building/Condo Name and Unit Number:
Business Location: In City? Yes/No:
3. Landlord: Name/address:
4. Type of Business:
5. Renewal Application
Business sold or closed? Date
New Business Starting Date
6. Individual ownership/Partnership/Corporation?
7. Owner or Officer Name:
8. Owner Street Address:
City/State/Zip:
Phone:
9. Fed ID No. or Social Security No.
Sales Tax No.:

Contractor's Section—Additional Information

\*\* MUST INCLUDE A COPY OF SC LICENSE

State Contractor's License No.
Expiration Date:
Classification/Type:

Renter's Section—Additional Information Required

How do you rent? (Check all that apply.)

- Short term/weekly Long term/annually
Other (describe)

Do you rent with an agency or Realty company? Yes No
Agency or company name:

Do you rent on your own? Yes No

Do you rent both ways, using an agency AND on your own?
Yes No

Gross Income Reporting

For both New and Renewal Applications, please see reverse side for details on proper reporting of your Gross Income.

Gross Income: \$

Business License Calculation: (See Rate Schedule below)

License Fee: \$

Adjustments: \$

Penalty: \$

Total Payment: \$

PAYMENT MUST ACCOMPANY APPLICATION

I certify that all of the information stated above is true and correct to the best of my knowledge and belief and that all assessments and personal property taxes due and payable to the Town of Surfside Beach have been paid. I understand that the Town Code provides for penalties and license revocation for making false or fraudulent statements on this application.

Signature Title Date

PLEASE FURNISH EMAIL ADDRESS:

Calculation of license fee based on rate schedule

For Gross Income not exceeding

RATE TOTAL FEE