

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 05/31/2016
 5% PERCENT PENALTY PER MONTH
 APPLIED AFTER 05/31/2016
 businesslicense@surfsidebeach.org

FOR OFFICE USE ONLY

Acct#	Lic#
Rate Class	NAICS
Date:	Initials

- Business Name: _____
 Owner Name: _____
 Mailing Address: _____
 Mailing Address: _____
 City/State/Zip: _____
 Phone: _____ Cell: _____
- Business Location: _____
 Building/Condo Name and Unit Number: _____
 Business Location: In City? Yes/No: _____
- Landlord: Name/address: _____
- Type of Business: _____
- Renewal Application
 Business sold or closed? Date _____
 New Business Starting Date _____
- Individual ownership/Partnership/Corporation? _____
- Owner or Officer Name: _____
- Owner Street Address: _____
 City/State/Zip: _____
 Phone: _____
- 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
