

APPLICATION FOR BUSINESS AND PROFESSIONAL LICENSE FOR THE YEAR 2009

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

LICENSE DUE 6/1/2009
 5% PERCENT PENALTY PER MONTH
 DUE AFTER 06/01/2009
 businesslicense@surfsidebeach.org

FOR OFFICE USE ONLY

Acct# _____ Lic# _____
 Rate Class _____ SIC No. 0000
 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

How do you rent? (Please check one/Explain Other)

Weekly Annual with lease Other _____

Name of Realty Company/Agency that you use to rent

I rent on my own.

Gross Receipt Reporting

For renewal of License, report gross receipts as reported to the Internal Revenue Service for the preceeding calendar as follows. For businesses located outside the town limits, report gross receipts for work done in the Town of Surfside Beach only. Resident businesses must report total gross receipts as reported to IRS and provide details for any income both reported and paid to another jurisdiction in order to claim exemption on that portion.

Gross Receipts \$ _____

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 CALL OUR OFFICE FOR RATES

Calculation of license fee based on rate schedule

	<u>RATE</u>	<u>TOTAL FEE</u>
For Gross Receipts not exceeding \$0	\$0.0000	_____
On each additional \$0 or fraction thereof between \$0 and \$0	\$0.0000	_____