

APPLICATION FOR BUSINESS AND PROFESSIONAL LICENSE FOR THE YEAR 2011

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 6/1/2011
 5% PERCENT PENALTY PER MONTH
 APPLIED AFTER 06/01/2011
 businesslicense@surfsidebeach.org

FOR OFFICE USE ONLY

Acct#	Lic#
Rate Class 0000	SIC No. 0000
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: YES
- 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
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PLEASE CALL OUR OFFICE FOR RATES

PLEASE FURNISH EMAIL: _____

Calculation of license fee based on rate schedule 0000	<u>RATE</u>	<u>TOTAL FEE</u>
For Gross Income not exceeding \$1,000,000,000	\$0.00	_____
On each additional \$0 or fraction thereof between \$1,000,000,000 and \$0	\$0.00	_____