**APPLICATION FOR BUSINESS AND PROFESSIONAL LICENSE FOR THE YEAR 2020**


**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 06/1/2020
5% PERCENT PENALTY PER MONTH
APPLIED AFTER 06/1/2020
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 fradulent statements on this application.

_____ Signature
_____ Title
_____ Date

**PLEASE FURNISH EMAIL ADDRESS:** _____

***Calculation of license fee based on rate schedule***

| | RATE | TOTAL FEE |
|---|---|---|
| For Gross Income not exceeding | | |