APPLICATION FOR BUSINESS AND PROFESSIONAL LICENSE FOR THE YEAR 2021

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 05/31/2021
5% PERCENT PENALTY PER MONTH
APPLIED AFTER 05/31/2021
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		