

# 2016 LONG TERM RENTAL LICENSE APPLICATION

City of Isle of Palms  
Post Office Drawer 508  
Isle of Palms, SC 29451

\*For rentals 90 days or more

Attn: Cathy Kennedy (843) 886-9912-Office      (843) 886-3585-Fax      ckennedy@iop.net

## A. GENERAL INFORMATION

- A.1. Rental Address: \_\_\_\_\_  
A.2. Name of Owner: \_\_\_\_\_  
A.3. Address of Owner: \_\_\_\_\_  
A.4. Phone Number of OWNER: \_\_\_\_\_  
A.5. Property Management Company or Owner Managed: \_\_\_\_\_  
A.6. Phone Number of Property Management Company: \_\_\_\_\_  
A.7. Phone Number of Rental Unit: \_\_\_\_\_  
A.8. 24 Hour Contact Phone Number for OWNER: \_\_\_\_\_

## B. RENTAL UNIT INFORMATION

- B.1. Number of bedrooms: N/A  
B.2. Square Footage of Rental: N/A  
B.3. Maximum Overnight Occupancy: N/A  
B.4. Maximum Number of Vehicles: N/A

## C. FEE INFORMATION

- C.1. Estimated gross income (July 1, 2016 to June 30, 2017) \$ \_\_\_\_\_  
C.2. Gross rental income rounded UP to the next \$1,000: \_\_\_\_\_  
C.3. Amount in C2 divided by 1000: \_\_\_\_\_  
C.4. Amount in C.3. minus the number 2: \_\_\_\_\_  
C.5. Amoun in C.4. multiplied by the number 2.3: \_\_\_\_\_  
C.6. Amount in C.5. plus the number 175: \_\_\_\_\_  
C.7. Amount in C.6. or 175, whichever is greater: \_\_\_\_\_  
LICENSE FEE: AMOUNT IN C.7. or USE FEE SCHEDULE: \$ \_\_\_\_\_

## D. VERIFICATION INFORMATION

The following items are **required** to complete this application. Initial each line to verify the information.  
Amounts PAID reflects all payments for the period of July 1, 2016 to June 30, 2017.

- |   | <u>INITIAL HERE:</u> | <u>ENTER ACCT #S</u> |
|---|----------------------|----------------------|
| D.1. If property is <b>NEVER</b> rented other than through the agent above: | _____                | _____                |
| D.2. Charleston County Accommodation Tax Account Number:                    | N/A                  | N/A                  |
| D.3. South Carolina Accommodations Tax Account Number:                      | N/A                  | N/A                  |
| D.4. Code Disclosure Form (Page 2) initialed by OWNER:                      | N/A                  | _____                |
| D.5. Payment in the amount of C.7. is INCLUDED:                             | _____                | _____                |

\_\_\_\_\_  
Owner's Signature & Date

\_\_\_\_\_  
Email Address for Owner

\_\_\_\_\_  
Owner's Signature for NON-RENTAL PROPERTY

\_\_\_\_\_  
Date