

# CITY OF ISLE OF PALMS

P.O. Box 508, Isle of Palms, S.C. 29451

(843) 886-9912

## APPLICATION FOR BUSINESS AND PROFESSIONAL LICENSE

LICENSE DUE JANUARY 1  
5% PENALTY PER MONTH  
AFTER JANUARY 31

FOR THE LICENSE YEAR .....

MAKE SEPARATE APPLICATION FOR EACH BUSINESS TO BE LICENSED AT EACH LOCATION

PAYMENT MUST  
ACCOMPANY APPLICATION

Enter email address on the line below:

\_\_\_\_\_

Email Address

1. BASIC LICENSE FEE	\$ .....
PLUS	
2. SCHEDULE RATE CHARGE	\$ .....
3. TOTAL LICENSE FEE (1 + 2)	\$ .....
4. PLUS PENALTY _____ %	\$ .....
5. TOTAL AMOUNT DUE (3. + 4.)	\$ .....

**ALL APPLICABLE BLANKS ON THIS APPLICATION MUST BE COMPLETED BEFORE A LICENSE WILL BE ISSUED**

**1.** NAME OF BUSINESS .....

**2.** MAILING ADDRESS: STREET .....

CITY ..... STATE ..... ZIP .....

**3.** BUSINESS LOCATION  IN CITY  OUT OF CITY ..... PHONE NO. ....

**4.** TYPE OF BUSINESS .....

**5. THIS APPLICATION IS FOR:**

CHANGE OF OWNERSHIP  \_\_\_\_\_ PREVIOUS OWNER \_\_\_\_\_

CHANGE IN LOCATION  \_\_\_\_\_ PREVIOUS LOCATION \_\_\_\_\_

NEW BUSINESS  \_\_\_\_\_ STARTING DATE \_\_\_\_\_ 20 \_\_\_\_\_

RENEWAL OF LICENSE

**6. OWNERSHIP:**

PROPRIETORSHIP

PARTNERSHIP

CORPORATION

**7.** NAME OF OWNER: .....

**8.** ADDRESS OF OWNER:

STREET .....

CITY ..... STATE ..... ZIP .....

**9a.** FOR RENEWAL:

TOTAL GROSS RECEIPTS FOR PRECEDING CALENDAR YEAR ENDING DECEMBER 31, \_\_\_\_\_ OR FOR LAST PRECEDING FISCAL YEAR PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_; GROSS RECEIPTS \$ \_\_\_\_\_

**b.** FOR NEW BUSINESS OR CHANGE OF OWNERSHIP: ESTIMATED GROSS RECEIPTS \$ \_\_\_\_\_

**10.** SOC. SEC. NO. \_\_\_\_\_

FED. IDENT. NO. \_\_\_\_\_

WRITE SAME NUMBER PROVIDED TO S.C. TAX COMMISSION

Need only one of the two for Item #10

**11.** STATE SALES TAX NO. \_\_\_\_\_

**12.** NAME OF YOUR ACCOUNTANT: \_\_\_\_\_

**13. TOTAL LICENSE FEE IS BASED UPON GROSS RECEIPTS USING THE FOLLOWING FORMULA:**

BASIC LICENSE FEE OF \$ \_\_\_\_\_ ON GROSS RECEIPTS NOT EXCEEDING \$ \_\_\_\_\_

PLUS SCHEDULE RATE CHARGE OF \$ \_\_\_\_\_ PER \$1000 FOR REMAINING GROSS RECEIPTS.

FOR NEW BUSINESS, CHANGE OF OWNERSHIP, OR CHANGE OF LOCATION:

APPROVED  \_\_\_\_\_

DISAPPROVED  BUILDING DEPARTMENT

APPROVED  \_\_\_\_\_

DISAPPROVED  POLICE DEPARTMENT

I CERTIFY THAT ALL OF THE INFORMATION STATED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT THE CITY ORDINANCE PROVIDES FOR PENALTIES AND LICENSE REVOCATION FOR MAKING FALSE OR FRAUDULENT STATEMENTS ON THIS APPLICATION.

SIGNATURE

DATE