

2017 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. Property Management Company Or Owner Managed: _____
A.5. Phone Number of Property Management Company _____
A.6. Phone Number of Rental Unit _____
A.7. 24-Hour Contact Phone Number for OWNER: _____

B. RENTAL UNIT INFORMATION

- B.1. Number of Bedrooms: _____
B.2. Square Footage of Rental: _____
B.3. Year Built: _____
B.4. Did Unit Have License on June 22, 2010? (Yes or No) _____
B.5. Additions or Alterations Since 2010? (Yes or No) _____
B.6. Maximum Overnight Occupancy: _____
B.7. Maximum Number of Vehicles: _____

C. FEE INFORMATION

- C.1 Estimated gross income (July 1, 2017 to June 30, 2018) _____
C.2. Gross rental income rounded UP to next \$1,000: _____
c.3. Amount in C.2. divided by 1000: _____
C.4. Amount in C.3. minus the number 2: _____
C.5. Amount 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

Section D not
required for Long
Term Rentals

D. VERIFICATION INFORMATION

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

Owner's Signature & Date

Owner's Email Address