



CITY OF ISLE OF PALMS
P.O. BOX 508, Isle of Palms, S.C., 29451
(843) 886-9912

APPLICATION FOR BUSINESS AND PROFESSIONAL LICENSE
Business License Year

New Business _____ Change of Ownership _____ Change in Location _____ License Renewal _____

Business Name _____

Physical Address _____

Business Phone Number _____ Business Fax Number _____

Mailing Address _____

Email Address _____

Business Description _____

Will you sell prepared meals, food, or beverages? _____ If yes, business is subject to accommodation tax.

Business Owner Name _____

Business Owner Address _____

Business Owner Phone Number _____ Email Address _____

Federal ID Number _____ or SSN _____

Contractor License Number _____ Expiration Date _____

Renewal: Total gross receipts made on the Isle of Palms for the proceeding calendar year \$ _____

New Business: Total estimated gross receipts for this calendar year on the Isle of Palms \$ _____

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 _____

Total license fee is based upon gross receipts using the following formula:

Basic Fee \$ _____ on gross receipts not exceeding \$2000 plus scheduled rate change of \$ _____ per \$1000 for remaining gross receipts.

LICENSE DUE APRIL 30th WITH A 5% PENALTY PER MONTH AFTER MAY 1st

License Number _____ Classification _____ Code _____

Basic License Fee	\$	Date Issued	_____
Plus		Processed By	_____
Schedule Rate Change	\$		
Total License Fee	\$		
Plus Penalty	\$		
GRAND TOTAL	\$		