

FOR OFFICE USE ONLY	
LIC. NO.	PROCESSED BY
CODE	DATE ISSUED
CLASSIFICATION	

CITY OF ISLE OF PALMS

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

(843) 886-9912

APPLICATION FOR BUSINESS AND PROFESSIONAL LICENSE

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	<input type="checkbox"/>	PREVIOUS OWNER _____
CHANGE IN LOCATION	<input type="checkbox"/>	PREVIOUS LOCATION _____
NEW BUSINESS	<input type="checkbox"/>	STARTING DATE _____ 20 _____
RENEWAL OF LICENSE	<input type="checkbox"/>	

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

-OR- 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: ~~_____~~

6. OWNERSHIP:

PROPRIETORSHIP	<input type="checkbox"/>
PARTNERSHIP	<input type="checkbox"/>
CORPORATION	<input type="checkbox"/>

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 N/A 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 _____