

**Town of Surfside Beach**  
 Business License Department  
 115 Hwy 17 N. Surfside Beach, SC 29575  
 Ph: (843) 913-6342 Fax: (843) 238-5432

**AVOID PENALTY**  
 LICENSE DUE 05/31/2016  
 5% PERCENT PENALTY PER MONTH  
 APPLIED AFTER 05/31/2016  
 businesslicense@surfsidebeach.org

FOR OFFICE USE ONLY

Acct#	Lic#
Rate Class	NAICS
Date:	Initials

- Business Name: \_\_\_\_\_  
 Owner Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_
- Business Location: \_\_\_\_\_  
 Building/Condo Name and Unit Number: \_\_\_\_\_  
 Business Location: In City? Yes/No: \_\_\_\_\_
- Landlord: Name/address: \_\_\_\_\_
- Type of Business: \_\_\_\_\_
- Renewal Application  
 Business sold or closed? Date \_\_\_\_\_  
 New Business Starting Date \_\_\_\_\_
- Individual ownership/Partnership/Corporation? \_\_\_\_\_
- Owner or Officer Name: \_\_\_\_\_
- Owner Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_
- Fed ID No. or Social Security No. \_\_\_\_\_  
 Sales Tax No.: \_\_\_\_\_

**Contractor's Section—Additional Information**

**\*\* MUST INCLUDE A COPY OF SC LICENSE**

State Contractor's License No. \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Classification/Type: \_\_\_\_\_

**Renter's Section—Additional Information Required**

How do you rent? (Check all that apply.)

- Short term/weekly       Long term/annually  
 Other (describe) \_\_\_\_\_

Do you rent with an agency or Realty company?      \_\_\_ Yes \_\_\_ No  
 Agency or company name: \_\_\_\_\_

Do you rent on your own?      \_\_\_ Yes \_\_\_ No

Do you rent both ways, using an agency AND on your own?  
 \_\_\_ Yes \_\_\_ No

**Gross Income Reporting**

For both New and Renewal Applications, please see reverse side for details on proper reporting of your Gross Income.

Gross Income:      \$ \_\_\_\_\_

Business License Calculation: (See Rate Schedule below)

License Fee:      \$ \_\_\_\_\_

Adjustments:      \$ \_\_\_\_\_

Penalty:      \$ \_\_\_\_\_

**Total Payment:**      \$ \_\_\_\_\_

**PAYMENT MUST ACCOMPANY APPLICATION**

I certify that all of the information stated above is true and correct to the best of my knowledge and belief and that all assessments and personal property taxes due and payable to the Town of Surfside Beach have been paid. I understand that the Town Code provides for penalties and license revocation for making false or fraudulent statements on this application.

Signature

Title

Date

PLEASE FURNISH EMAIL ADDRESS: \_\_\_\_\_

**Calculation of license fee based on rate schedule**

For Gross Income not exceeding

RATE      TOTAL FEE

\_\_\_\_\_