

TOWN OF SULLIVAN'S ISLAND
 2050B MIDDLE STREET
 PO BOX 427
 SULLIVAN'S ISLAND, SC 29482
 Phone: (843) 883-3198 Fax: (843) 883-3009

APPLICATION FOR BUSINESS LICENSE

Application Date: 1/20/2016

License Year: 2016

AVOID PENALTY

This Application with remittance in full must be completed and returned with full payment on or before **02/01/2016**.
 If no longer in business, please indicate and return the application.

Business Contact Information

BUSINESS NAME		PHYSICAL LOCATION			
MAILING ADDRESS		CITY	STATE	ZIP	PHONE
TAX ID NUMBER	RESPONSIBLE PERSON		EMAIL		

Emergency Contact

NAME		PHONE	MOBILE
ADDRESS		CITY	STATE ZIP

Business Information

ACCOUNTANT	BUSINESS DESCRIPTION		
NAICS CODE	OWNERSHIP TYPE (Corp, Individual, Partnership, etc.)		
BONDING COMPANY	BOND NUMBER	OTHER LICENSE	

OFFICE USE ONLY	CODE	RESIDENT	RENEW	FAL
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Calculation of License Fee Based on Rate Schedule:

Rate Schedule	Base Amount (\$)	Rate (\$)	For Each	Total Fee (\$)
For Gross Receipts between 0.00 and 0.00	0.00 + (0.0000 ×	0.00) =	

Calculation of License Fee (See rate schedule above)

Gross Receipts _____ License Fee _____

Please fill in any missing information. If any information has changed, please give us the updated information. **Late Payment Penalty** _____

TOTAL PAYMENT _____

 Signature Title Date

Applications postmarked after February 1, 2016 will be assessed a 5% per month. (Example: after Feb 1st a 5% penalty will be assessed, after March 1st a 10% penalty will be assessed, etc.)