



Town of Sullivan's Island
Business License Application Renewal Form

YEAR: _____

BUSINESS NAME: _____ TAX ID NUMBER: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

PHYSICAL ADDRESS: _____
CITY
STATE
ZIP

MAILING ADDRESS: _____
CITY
STATE
ZIP

RESPONSIBLE PERSON: _____ EMAIL: _____

BUSINESS DESCRIPTION: _____

AVOID PENALTY:

This application with remittance in full must be completed and returned with full payment on or before 02/01/2019. If no longer in business, please so indicate and return this application.

RATE SCHEUDLE:

<u>CLASS</u>	<u>INCOME: \$0-\$2,000</u>		<u>RATES ALL OVER \$2,000</u>	
	<u>RESIDENT</u>	<u>NON-RESIDENT</u>	<u>RESIDENT</u>	<u>NON-RESIDNET</u>
1	\$51.22	\$102.44	\$2.60	\$5.20
2	\$63.91	\$127.82	\$2.80	\$5.60
3	\$76.55	\$153.10	\$2.95	\$5.90
4	\$88.97	\$177.94	\$3.16	\$6.32
5	\$102.50	\$205.00	\$3.31	\$6.62
6	\$114.79	\$229.58	\$3.54	\$7.08
7	\$128.38	\$256.76	\$3.70	\$7.40
7a	\$1,000.00	\$2,000.00	SEE RATE SCHEUDLE	
8	\$128.05	\$257.00	\$3.71	\$7.42

CLASS: _____ GROSS RECIEPTS: _____ LICENSE FEE: _____

LATE PAYMENT PENALTY: _____

TOTAL: _____

SIGNATURE

DATE

Staff Contact: Jessi Gress, Business Licensing and Permit Technician
 Phone Number: 843-883-5727; Email: jgress@sullivansisland-sc.com
 2056 Middle Street, P.O. Box 427 Sullivan's Island, SC 29482