



_____ / _____

Town of Hilton Head Island

One Town Center Court
Hilton Head Island, SC 29928
843-341-4677 Fax 843-341-4637
www.hiltonheadislandsc.gov

Business License / Accommodations Tax and Beach Preservation Fee Permit/Application

*** REQUIRED FIELD: To avoid any processing delays, please provide all required documentation. We are unable to accept incomplete applications.**

PLEASE PRINT LEGIBLY

*BUSINESS NAME: _____

* BUSINESS MAILING ADDRESS: _____

* PHYSICAL ADDRESS OF BUSINESS: _____
Please include UNIT/SUITE # and the name of the commercial property where the business will be located. PO Box's will not be accepted.

* ATTENTION OR ON-SITE CONTACT PERSON: _____ * BUSINESS PHONE #: _____

Fax: _____ EMAIL: _____ (required for on line/IVR access)

NAME OF ACCOUNTANT/BOOKEEPER : _____ ACCOUNTANT/BOOKEEPER PH #: _____

*LOCATION: IN TOWN IN COUNTY OUT OF COUNTY

***TYPE OF ENTITY:**

Part 1:

SOLE PROPRIETORSHIP CORPORATION PARTNERSHIP LLC/LLP OTHER

Part 2:

RETAIL WHOLESALE SERVICE PROFESSIONAL CONTRACTOR OTHER

Is this business an affiliate of a Holding or parent Company? Y__N__ If Yes, name of Parent Company: _____

Contact information: Contact Name and Position: _____ Contact Phone#: _____

*PRINCIPAL/OWNER(S) NAME: _____

*PRINCIPAL/OWNER ADDRESS: _____

* PRINCIPAL/OWNER PHONE NUMBER: _____

SOCIAL SECURITY (Last 4 digits) : _____ OR FEDERAL EIN #: _____

SC RETAIL #: _____ SC (LLR) LICENSE #: _____ EXP. DATE: _____

TYPE OF LICENSE: _____ (i.e. Contractor, Electrical, Medical, Massage, etc.)

PERMIT/ LICENSED BY THE STATE OF SOUTH CAROLINA: A PHOTOCOPY OF THE LICENSE OR PERMIT MUST ACCOMPANY THIS APPLICATION.

*BUSINESS TYPE (Retail, Design, Publishing, etc): _____ *Business Start Date: _____

*DESCRIBE YOUR BUSINESS ACTIVITY IN DETAIL:

* Do you rent residential or commercial property? N/A Residential Commercial
 * Long or short term residential rentals? Short Term If you use a management company, name of company: _____
 Long Term **Attach copy of lease.**

Please list rental property addresses:

PLEASE ANSWER THE FOLLOWING QUESTIONS – WHERE APPROPRIATE:

- Is this a home occupation? yes ____ no ____
- Is this a change in the type of business for this building space? yes ____ no ____
- Is this an expansion of physical space at your current location? yes ____ no ____
- Has the building space been vacant for 12 months or more? yes ____ no ____
- Will there be any renovation or construction at this site? yes ____ no ____
- Will you want to erect a new sign? yes ____ no ____

***EMERGENCY CONTACT INFORMATION (please provide at least one emergency contact person):**

Name: _____ Phone #: _____
 Name: _____ Phone #: _____
 Name: _____ Phone #: _____

AS OWNER, OFFICER, PRINCIPAL OR MANAGING MEMBER OR AUTHORIZED AGENT, BY MY SIGNATURE BELOW, I AFFIRM UNDER OATH THAT ALL OF THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE THE AUTHORITY TO MAKE THIS APPLICATION. I AFFIRM UNDER OATH THAT ALL ASSESSMENTS, TAXES, FEES, AND PERSONAL PROPERTY TAXES DUE AND PAYABLE TO THE TOWN AND COUNTY HAVE BEEN PAID. I AFFIRM UNDER OATH THAT I WILL MAINTAIN ACCURATE CONTACT INFORMATION FOR RESPONSIBLE PERSONS ON FILE WITH THE TOWN AND THE COUNTY. I UNDERSTAND THAT THE TOWN ORDINANCE PROVIDES FOR PENALTIES AND LICENSE REVOCATION FOR MAKING FRAUDULENT STATEMENTS ON THIS APPLICATION.

I HEREBY ACKNOWLEDGE THAT IF MY BUSINESS SELLS PREPARED FOOD OR ALCOHOL, I WILL COLLECT AND REMIT HOSPITALITY TAXES IN ACCORDANCE WITH TOWN CODE TITLE 4 CHAPTER 13. IF MY BUSINESS COLLECTS GROSS PROCEEDS FROM THE LEASE/RENTAL OF SLEEPING ACCOMMODATIONS TO THE SAME PERSON (S) FOR A PERIOD OF LESS THAN 90 DAYS, I WILL COLLECT AND REMIT LOCAL ACCOMMODATION TAX AND BEACH PRESERVATION FEES IN ACCORDANCE WITH TOWN CODE TITLE 4 CHAPTERS 12 AND 9, RESPECTIVELY.

MUST BE SIGNED BY OWNER OR OFFICER OR PRINCIPAL OR MANAGING MEMBER OF THE BUSINESS.

BUSINESSES OPERATING WITHOUT A VALID BUSINESS LICENSE ARE SUBJECT TO PENALTIES AND FINES.

BUSINESS LICENSE RENEWALS ARE DUE MAY 31st, RENEWALS RECEIVED AFTER THAT DATE MAY BE ASSESSED A 5% PENALTY ON THE UNPAID AMOUNT...FOR EACH MONTH OR PORTION THEREOF AFTER THE DUE DATE UNTIL PAID. ADDITIONALLY, DELINQUENT BUSINESSES MAY BE SUBJECT TO A \$1092.50 MUNICIPAL SUMMONS.

*Print Name: _____ Date: _____

*Signature: _____ Date: _____

*Signature: _____ Date: _____

ADMINISTRATIVE USE ONLY: APPLICATION ACCEPTED BY: _____ DATE: _____

APPLICATION FEE RECEIVED: _____ SIC: _____

BUSINESS DOCUMENTS: _____ VERIFIED BY: _____

OWNER/PRINCIPAL ID: _____ VERIFIED BY: _____

STATE LICENSE ISSUED: _____ EXP DATE _____ VERIFIED BY: _____



APPLICATION /PERMIT CHECKLIST

Please ensure you have attached all the required documents when submitting your application. After 30 days, incomplete applications will be returned by mail and if you are found operating without a valid business license, you may be subject to fines up to a \$1092.50 per day and if applicable, liens may be placed on properties for the collection of fees, taxes, penalties and collection costs.

Accommodation/Beach Fee Account Permit Only: Section A:

- 1. If your property is titled in the name of a Trust or business, it must be registered with the South Carolina Secretary of State and/or Department of Revenue and you must provide a copy of the certificate along with the application. Attached
- 2. Copy of business registration documents and list of officers or members. For example: Articles of Incorporation and a list of officers or for Limited Liability companies/partnerships, a list of members, particularly, the managing member. Attached N/A
- 3. \$10.00 Non-Refundable application fee (Checks payable to the Town of Hilton Head Island) Attached

Business License Application: Section B:

- 1. Proof that the business has registered with the South Carolina Secretary of State and/or Department of Revenue. Attached
- 2. Copy of business registration documents and list of officers or members. For example: Articles of Incorporation and a list of officers or for Limited Liability companies/partnerships, a list of members, particularly, the managing member. Attached N/A
- 3. Professional/Contractors License (when applicable) Attached N/A
- 4. \$10.00 Non-Refundable application fee (Checks payable to the Town of Hilton Head Island) Attached
- 5. The application must be signed by a principal of the company. If the principal cannot present the application in person, the agent should provide written authorization from the owner/principal.
 - A Corporation: signed by an officer
 - An LLC or LLP: signed by a managing member
 - All others must be signed by an owner.
- 6. If you are a residential rental property owner and have owned/rented the properties in prior years, please provide copies of the last three years tax returns, documenting the gross rents you received. Attached N/A
(i.e. 1040 Schedule E, 1040 Schedule C, 1065, 1120, 1120S or 8825 which would accompany Form 1065, 1065-B or 1120S)

Section C:

In Town businesses, before obtaining a business license we recommend obtaining the following pre approvals:

APPLICATION APPROVALS

1. Business has a physical location within Town limits:

• **Community Development (Planning):**

Name: _____

Signature: _____ Date: _____

Fire and Rescue (Addressing):

Name: _____

Signature: _____ Date: _____

2. Community Development (Contractor License Verification):

Required License Type: _____

Not Required

Name: _____

Signature: _____ Date: _____
