



TOWN OF HILTON HEAD ISLAND
REVENUE SERVICES
 One Town Center Court
 Hilton Head Island, SC 29928
 Phone: (843) 341-4677 Fax: (843) 341-4637
 Email: RS@hiltonheadislandsc.gov

_____ / _____

Business License Application

ALL INCOMPLETE APPLICATIONS WILL BE RETURNED

BUSINESS NAME (ENTITY OR PERSONAL NAME) _____

DBA NAME (IF APPLICABLE) _____

BUSINESS PHYSICAL ADDRESS _____

(PLEASE INCLUDE UNIT/SUITE NUMBER. PO BOX'S WILL NOT BE ACCEPTED FOR PHYSICAL ADDRESS)

BUSINESS MAILING ADDRESS _____

IS THIS A HOME OCCUPATION LOCATED IN THE TOWN? YES NO

PRINCIPAL/OWNER(S) NAME _____

PRINCIPAL/OWNER ADDRESS _____

PRINCIPAL/OWNER EMAIL (REQUIRED FOR WEB ACCESS) _____

DIRECT PHONE NUMBER _____ EXTENSION _____

CELL PHONE NUMBER _____

SOCIAL SECURITY (LAST 4 DIGITS) _____ OR FEDERAL EIN # _____

ADDITIONAL CONTACT INFORMATION (SHOULD BE DIFFERENT THAN ABOVE)

NAME _____ DIRECT PHONE _____ EXTENSION _____

CELL PHONE NUMBER _____ EMAIL _____

RELATIONSHIP TO APPLICANT _____

SHOULD THIS CONTACT HAVE FULL ACCESS TO THE ACCOUNT INFORMATION? YES NO

TYPE OF ENTITY

SOLE PROPRIETORSHIP CORPORATION PARTNERSHIP LLC/LLP OTHER

SOUTH CAROLINA (LLR) LICENSE # _____ EXP. DATE _____

(REQUIRED FOR ALL CONTRACTORS, PROPERTY MANAGERS, BROKERS IN CHARGE, ETC.)

TOWN OF HILTON HEAD ISLAND IRRIGATION CERT#: _____

(REQUIRED FOR LANDSCAPE CONTRACTORS INSTALLING IRRIGATION)

ARE YOU A PROPERTY MANAGER REMITTING ACCOMMODATIONS TAX ON BEHALF OF YOUR CLIENTS? YES NO

(IF YES, PLEASE PROVIDE SC RETAIL LICENSE NUMBER BELOW)

SC RETAIL LICENSE NUMBER: _____

(REQUIRED FOR ALL RETAIL SALES, EQUIPMENT RENTALS, ETC.)

HILTON HEAD ISLAND BUSINESS START DATE _____

DESCRIBE YOUR BUSINESS ACTIVITY IN DETAIL

FOR CONTRACTORS AND SUBCONTRACTORS ONLY:

NAME AND LOCATION OF PROJECT _____

NAME OF GENERAL CONTRACTOR FOR PROJECT _____

FOR BUSINESSES SERVING FOOD: IF YOU PREPARE AND SELL FOOD AND BEVERAGE YOU ARE REQUIRED TO COLLECT 2% HOSPITALITY TAX FROM YOUR CUSTOMER AND REMIT TO THE TOWN.

PLEASE CHOOSE ONE: REMIT TAX QUARTERLY OR REMIT TAX MONTHLY

IF NO SELECTION IS MADE, YOUR ACCOUNT WILL DEFAULT TO QUARTERLY REMITTANCE

FOR PROPERTY MANAGERS REMITTING ACCOMMODATIONS TAX ON BEHALF OF CLIENTS:

PLEASE CHOOSE ONE: REMIT TAX QUARTERLY OR REMIT TAX MONTHLY

IF NO SELECTION IS MADE, YOUR ACCOUNT WILL DEFAULT TO QUARTERLY REMITTANCE

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, THAT I AM COMPLIANT WITH ALL TOWN, STATE AND FEDERAL REGULATORY REQUIREMENTS 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.

BUSINESSES OPERATING WITHOUT A VALID BUSINESS LICENSE ARE SUBJECT TO PENALTIES AND FINES. A BUSINESS MAY BE ASSESSED A 5% PENALTY FOR EACH MONTH OR PORTION THEREOF FOR OPERATING WITHOUT A TOWN BUSINESS LICENSE. ADDITIONALLY, BUSINESSES MAY BE SUBJECT TO A \$1087.50 MUNICIPAL SUMMONS.

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

Print Name _____ Date _____

Signature _____ Date _____

ADMINISTRATIVE USE ONLY: LOCATION OF BUSINESS IN TOWN OUT OF TOWN

APPLICATION ACCEPTED BY: _____ DATE: _____

APPLICATION FEE RECEIVED: _____ NAICS: _____

REQUIRED DOCUMENTS:

1. ENTITIES: ARTICLES OF INCORPORATION, ARTICLES OF ORGANIZATION, TRUST AGREEMENT
Not required for Sole Proprietorships ATTACHED
2. ENTITIES: LIST OF MEMBERS, OFFICERS OR MANAGING PARTNERS ATTACHED
3. ENTITIES: REGISTRATION WITH SC SECRETARY OF STATE
(Out of state entities will require a Certificate of Authorization from SC Secretary of State)
Contact SC SOS with questions www.scsos.com or 803-734-2158 ATTACHED
4. CONTRACTORS: COPY OF SC STATE CONTRATORS LICENSE WITH SC LLR
Your business name must match the name on your SC State Contracts License
Contact SC LLR with questions www.llr.state.sc.us or 803-896-4696 ATTACHED
5. SC RETAIL LICENSE
Required for all retail sales, short term rentals, equipment rentals, etc.
Contact SC DOR with questions www.dor.sc.gov or 803-898-5788 ATTACHED
6. ALL PROPERTY MANAGERS: DETAIL PROPERTY LIST INCLUDING
OWNER'S NAME, OWNER'S PHONE NUMBER, OWNER'S RENTAL PROPERTY ADDRESS ATTACHED
7. MOBILE FOOD UNITS: COPY OF CURRENT DHEC PERMIT, LIABILITY INSURANCE
Contact Community Development for additional requirements 843-341-4757 ATTACHED
8. NON- PROFIT ENTITIES: INCLUDE COPY OF YOUR IRS TAX EXEMPT STATUS 501 (C) 3 LETTER ATTACHED
9. THE APPLICATION MUST BE SIGNED BY THE OWNER, OFFICER OR PRINCIPAL MANAGING MEMBER OF THE BUSINESS
(If the principal owner cannot deliver the application in person, written authorization for an agent must be provided)
10. \$10.00 NON-REFUNDABLE APPLICATION FEE ATTACHED
Checks payable to the Town of Hilton Head Island