



# Town of Hilton Head Island # \_\_\_\_\_ / \_\_\_\_\_

Revenue Services  
One Town Center Court  
Hilton Head Island, SC 29928  
Phone: 843-341-4677 Fax: 843-341-4637  
[www.hiltonheadislandsc.gov](http://www.hiltonheadislandsc.gov)

## Business License Application / Property Rental Application

**\* REQUIRED FIELDS: WE ARE NOT ABLE TO ACCEPT INCOMPLETE APPLICATIONS**

\*BUSINESS NAME (Entity or Personal Name) \_\_\_\_\_

\*DBA NAME (If applicable) \_\_\_\_\_

\*BUSINESS MAILING ADDRESS \_\_\_\_\_

\*BUSINESS PHYSICAL ADDRESS \_\_\_\_\_

(Please include UNIT/SUITE Number. PO Box's will not be accepted for a physical address)

\*BUSINESS PHONE \_\_\_\_\_ \*MAIN CONTACT NAME \_\_\_\_\_

\*FAX \_\_\_\_\_ \*EMAIL \_\_\_\_\_ (Required for web access)

\*ADDITIONAL CONTACT INFORMATION (Should be different than the main contact)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ RELATIONSHIP TO APPLICANT \_\_\_\_\_

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

\*TYPE OF ENTITY

Part 1

SOLE PROPRIETORSHIP  CORPORATION  PARTNERSHIP  LLC/LLP  OTHER

Part 2

RETAIL  WHOLESALE  SERVICE  PROFESSIONAL  CONTRACTOR  RENTAL

\*PRINCIPAL/OWNER(S) NAME \_\_\_\_\_

\*PRINCIPAL/OWNER ADDRESS \_\_\_\_\_

\*PRINCIPAL/OWNER PHONE NUMBER \_\_\_\_\_

\*SOCIAL SECURITY (Last 4 digits) \_\_\_\_\_ OR \*FEDERAL EIN # \_\_\_\_\_

REQUIRED FOR ALL RETAIL SALES, SHORT TERM RENTALS, ETC: \*SC RETAIL LICENSE # \_\_\_\_\_

REQUIRED FOR ALL CONTRACTORS: \*SC (LLR) LICENSE # \_\_\_\_\_ \*EXP. DATE \_\_\_\_\_

\*TOWN OF HILTON HEAD ISLAND IRRIGATION CERT# \_\_\_\_\_

\*BUSINESS TYPE (Retail, Design, Publishing, etc.) \_\_\_\_\_

\*HILTON HEAD ISLAND BUSINESS START DATE \_\_\_\_\_

\*DESCRIBE YOUR BUSINESS ACTIVITY IN DETAIL

\_\_\_\_\_  
\_\_\_\_\_

\*DO YOU OWN RENTAL PROPERTY IN THE TOWN?  RESIDENTIAL  COMMERCIAL  NO

\*PLEASE MARK ALL THAT APPLY:  RESIDENTIAL LONG TERM  RESIDENTIAL SHORT TERM  BOTH

\*NAME OF PROPERTY MANAGEMENT COMPANY(S) \_\_\_\_\_  
(List all Property Management Companies)

\*DATE YOU BEGAN RENTING PROPERTY \_\_\_\_\_

\*DO YOU HOLD OWNERSHIP IN ANY PROPERTY AS A SINGLE MEMBER LLC?  YES  NO

\*PLEASE LIST ADDRESS OF ALL PROPERTIES OWNED IN THE TOWN

**\*IF YOU OWN RESIDENTIAL RENTAL PROPERTY AND RENT FOR INTERVALS LESS THAN 90 DAYS, YOU ARE REQUIRED TO COLLECT 1% ACCOMMODATIONS TAX AND 2 % BEACH PRESERVATION FEE FROM YOUR TENANTS AND REMIT TO THE TOWN.**

PLEASE CHOOSE ONE:  REMIT TAX QUARTERLY OR  REMIT TAX MONTHLY

**\*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**

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. 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, OFFICER OR PRINCIPAL MANAGING MEMBER OF THE BUSINESS.**

**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.**

\*Print Name \_\_\_\_\_ Date \_\_\_\_\_

\*Signature \_\_\_\_\_ Date \_\_\_\_\_

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

APPLICATION ACCEPTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICATION FEE RECEIVED: \_\_\_\_\_ NAICS: \_\_\_\_\_

BUSINESS DOCUMENTS: \_\_\_\_\_ OWNER/PRINCIPAL ID: \_\_\_\_\_

## APPLICATION CHECKLIST

Please ensure you have attached all the required documents when submitting your application. Incomplete applications will be returned by mail to you. If you are found operating without a valid business license, you may be subject to fines up to \$1087.50 per day and if applicable, liens may be placed on properties for the collection of fees, taxes, penalties and collection costs.

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### REQUIRED DOCUMENTS:

1. ENTITIES: ARTICLES OF INCORPORATION, ARTICLES OF ORGANIZATION, TRUST AGREEMENT  ATTACHED  
Not required for Sole Proprietorships
2. ENTITIES: LIST OF MEMBERS, OFFICERS OR MANAGING PARTNERS  ATTACHED
3. ENTITIES: REGISTRATION WITH SC SECRETARY OF STATE  ATTACHED  
(Out of state entities will require a Certificate of Authorization from SC Secretary of State)  
Contact SC SOS with questions [www.scsos.com](http://www.scsos.com) or 803-734-2158
4. CONTRACTORS: COPY OF SC STATE CONTRATORS LICENSE WITH SC LLR  ATTACHED  
Your business name must match the name on your SC State Contracts License  
Contact SC LLR with questions [www.llr.state.sc.us](http://www.llr.state.sc.us) or 803-896-4696
5. SC RETAIL LICENSE  ATTACHED  
Required for all retail sales, short term rentals, equipment rentals, etc.  
Contact SC DOR with questions [www.dor.sc.gov](http://www.dor.sc.gov) or 803-898-5788
6. ALL PROPERTY MANAGERS: DETAIL PROPERTY LIST INCLUDING  ATTACHED  
OWNER'S NAME, OWNER'S PHONE NUMBER, OWNER'S RENTAL PROPERTY ADDRESS
7. RESIDENTIAL RENTAL PROPERTY OWNERS: COPIES OF THE PAST TWO YEAR'S TAX RETURNS  ATTACHED  
(IRS Form 1040, All Schedules/ Form 1065/ Form 1120/ Form 1120S or 8825 that accompanies Form 1065, 1065-B or 1120S)
8. MOBILE FOOD UNITS: COPY OF CURRENT DHEC PERMIT, LIABILITY INSURANCE  ATTACHED  
Contact Community Development for additional requirements 843-341-4757
9. NON- PROFIT ENTITIES: INCLUDE COPY OF YOUR IRS TAX EXEMPT STATUS 501 (C) 3 LETTER  ATTACHED
10. \$10.00 NON-REFUNDABLE APPLICATION FEE  ATTACHED  
Checks payable to the Town of Hilton Head Island
11. THE APPLICATION MUST BE SIGNED BY THE OWNER, OFFICER OR PRINCIPAL MANAGING MEMBER OF THE BUSINESS  ATTACHED  
(If the principal owner cannot submit the application in person, written authorization for an agent must be provided)