

12/1/2012

# APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2011

TOWN OF SULLIVAN'S ISLAND  
2050B MIDDLE STREET  
PO BOX 427  
SULLIVAN'S ISLAND, SC 29482  
PHONE: 843-883-3198 FAX: 843-883-3009

This Application with remittance in full must be completed and returned with full payment on or before **2/1/2011**  
If no longer in business, please so indicate and return the application.

BUSINESS NAME AND MAILING ADDRESS

EMERGENCY CONTACT NAME AND ADDRESS

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
ADDRESS 2: \_\_\_\_\_  
CITY, ST., ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
LOCATION: \_\_\_\_\_  
BUSINESS CLASS: 0  
BUSINESS DESC: \_\_\_\_\_  
RESP. PERSON: \_\_\_\_\_  
ACCOUNTANT NAME: \_\_\_\_\_  
BONDING COMPANY: \_\_\_\_\_  
BOND NUMBER: \_\_\_\_\_  
OTHER LICENSE # \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
TAX ID NUMBER: \_\_\_\_\_  
OWNERSHIP TYPE: \_\_\_\_\_  
(Corp., Individual, Partnership, Etc.)

OFFICE USE ONLY: CODE: _____ RESIDENT: _____ RENEW: _____ FAL: _____
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**CALCULATION OF LICENSE FEE:**

LICENSE FEE

GROSS RECEIPTS \$ \_\_\_\_\_ (See rate schedule below) \_\_\_\_\_  
Late Payment Penalty \_\_\_\_\_  
Total Payment \_\_\_\_\_

Please fill in any missing information. If any information has changed, please give us the updated information.

\_\_\_\_\_  
Signature Title Date

**Calculation of license fee based on rate schedule**

RATE TOTAL FEE

For Gross Receipts not exceeding \$0 \$0.000000 \_\_\_\_\_  
On each additional \$0 or fraction thereof between \$0 and \$0 \$0.000000 \_\_\_\_\_

**PLEASE NOTE:**

Applications postmarked after February 1, 2011 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.)