

Standardized Business License Application

PO Drawer 9 | Port Royal, SC 29935-0009 (843) 986-2209 | Fax: (843) 986-2210 | csmalls@portroyal.org

City or County:			
Business Information	1		
Corporate name:			
Name shown to public:		Open date:	
	☐ Sole proprietor ☐ LLC ☐ Articles of Organization or Incorporation	□ LLP □ LP □ Corporation	
Business activity/type:		NAICS/SIC/Other code:	
Federal ID/SSN #:		State retail sales #:	
Mailing address:			
Physical address:			
	☐ Inside jurisdiction, Tax parcel #:_	Outside jurisdiction	
Contact name, title:			
Contact phone:	Ext.	Alternate phone:	
Fax:		Email:	
Owner or Principal(s)	SSN #:		
name(s), title(s):		SSN #:	
Driver's license #:	State:	Expiration date:	
Mailing address:			
Work phone:	Ext.	Cell phone:	
Fax:		Email:	
ob/Project Informat	cion		
Project start date:		Estimated end date:	
Project location:		Tax parcel #:	
Project type:	☐ New construction ☐ Rer	novation	
General contractor name:	:		
State contractor license # Copy may be required	: State:	Expiration date:	
Master/specialty license #	<u>t:</u>		
Job contact name:		Phone:	
Total gross revenues or co			
Gross revenues, inside jur		Gross Revenues, outside jurisdiction: \$	
Value of authorized deductions: \$		Deduction type(s):	

Contact your city or county business licensing office with questions regarding this form.



Other Information

☐ Yes	□No	Buying an existing construction business? If yes, purchased business' name:
☐ Yes	□ No	Business leasing space to another business?
☐ Yes	□No	Mail business license renewals to mailing address listed in the business information section on the previous page? If not, corporate address:
☐ Yes	□ No	Change of use to building?
☐ Yes	□ No	Erecting a new sign?
☐ Yes	□ No	Existing business with no prior license?
☐ Yes	□No	Home occupation?
☐ Yes	□No	Independent contractors (Form 1099)? If yes, names:
☐ Yes	□No	Leasing property? If yes, landlord name and address:
☐ Yes	□No	Restrictive covenants? If yes, provide copy.

Applicant Certification (Contact the municipality in which you are doing business to determine if a notarized signature is required.)

- 1. I hereby certify that all information provided is true and correct to the best of my knowledge and that the gross revenue is accurately reported or estimated for a new business without any unauthorized deduction.
- 2. I certify that assessments, delinquencies and personal property taxes due to the jurisdiction are fully paid.
- 3. I understand that providing false or fraudulent information may result in penalties, business license revocation and/or prosecution to the fullest extent possible.
- 4. I am aware of and understand the jurisdiction's requirements and codes, and the issuance of a business license is contingent upon strict and consistent compliance with all of the jurisdiction's requirements.
- 5. I understand that failure to comply with these requirements may result in business license revocation as well as other compliance or legal efforts.
- 6. I also understand and authorize the jurisdiction and its agents to utilize all information on this application to ensure that all other federal, state and local laws are complied with.

Applicant printed name:	Signature:
Title:	Date:

For Office Use Only

Approved by all necessary departments? ☐ Yes ☐ No				
Comments				
Approved? ☐ Yes ☐ No	Date:			
Business license #	Rate class:			
Rate Base rate: \$	Every \$1,000 after: \$			
Amount due Fee: \$	Penalties: \$	Total: \$		
Decal required? ☐ Yes ☐ No	Cost/each: \$	Total: \$		
Receipt Amount paid: \$	Date paid:	Number of decals:		
Staff name:	Signature:	Date:		

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