



#### Council

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*Town Manager*

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*Planning*

## Opening a business in the Town of Port Royal

### The Process

- Apply for Zoning/ Safety Permit (application attached) \$30 fee
- Call the inspection line, arrange a safety inspection
- Register for Personal Property Taxes at the Beaufort County Auditors office located at 100 Ribaut Rd using the Business Personal Property Tax form (attached)
- Complete the Standardized Business License Application
- Return to the Business License Official

### Required for an approved Business License

- An approved Safety Inspection
- The completed personal property tax form
- The completed standardized Business License Application
- The appropriate Business License Fee

*\*Please keep in mind that some license will be put under review*

## **REQUIREMENTS FOR SAFETY INSPECTION**

**SMOKE DETECTORS**

**FIRE EXTINGUISHERS**

**ESCAPE WINDOW ACCESS IN BEDROOMS**

**GFCI OUTLETS**

**ESCAPE FLOOR PLAN**

**CONTACT LIST**

**NON- EMERGENCY NUMBER**

**GENERAL SAFETY**

**ZONING PERMIT  
SAFETY APPLICATION**

Town of Port Royal 700 Paris Ave, Port Royal, South Carolina 29935  
Phone) 843-986-2219 Fax) 843-986-2210  
Email: [Permits@portroyal.org](mailto:Permits@portroyal.org) [www.portroyal.org](http://www.portroyal.org)

Application fee: \$30

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**OFFICE USE ONLY:** Date Filed: \_\_\_\_\_ Application #: \_\_\_\_\_  
Change of use: Yes  No  Approved By: \_\_\_\_\_

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Pursuant to Section 6-29-1145 of the South Carolina Code of Laws, is this tract of parcel restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this application?  Yes  No

The owner of the property is aware of and has authorized the proposed business as described in this application.  
 Yes  No

**Applicant, Owner and Property Information**

Applicant Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Applicant Address: \_\_\_\_\_ Applicant Phone Number: \_\_\_\_\_  
Property Owner: \_\_\_\_\_  
Property/Business Address: \_\_\_\_\_

**Submission Information:**

Describe, in detail, the proposed business to be conducted at the above address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please answer the following questions:**

Who was the previous occupant? (Required) \_\_\_\_\_  
Square Footage of space: (Required) \_\_\_\_\_

YES NO

- Are you moving from a location within the City Limits?  
If so, where are you moving from? \_\_\_\_\_
- Are you planning to do any renovations?
- Will you require signage?
- Is Building Sprinkled?

**Certification of Correctness:** I/we certify that the information in this application is correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICIAL USE ONLY -Conditions/Comments: \_\_\_\_\_  
\_\_\_\_\_



Beaufort County Auditor  
 Post Office Box 458  
 Beaufort, South Carolina 29901-0458  
 Phone 843-255-2500  
[auditor@bcgov.net](mailto:auditor@bcgov.net)

**Beaufort County Affidavit For Business Personal Property Tax  
 For Merchant Or Service "Furniture, Fixtures & Equipment"**

No County Or City Business License (New / Renewal) Can Be Issued Without Proof Of Paid Business Personal Property Tax Or This Affidavit Signed By The Beaufort County Auditor

South Carolina Code of Law § 12-37-970

Please Type or print the below information

DATE BUSINESS STARTED: \_\_\_\_\_

CORPORATE NAME:  
 "As listed on the Business License" \_\_\_\_\_

BUSINESS NAME OR D/B/A: \_\_\_\_\_

BUSINESS OWNER NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHYSICAL LOCATION  
 OF BUSINESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

TYPE OF BUSINESS OR  
 SERVICE PROVIDED: \_\_\_\_\_

SERVICE ORIENTED BUSINESS  or RETAIL (sales tax) BUSINESS

Social Security Number or Federal employer Tax ID Number (FEIN) \_\_\_\_\_

BUSINESS LICENSE# \_\_\_\_\_

Is this Business License due to you are renting a second home? YES  OR NO

**FOR COUNTY USE ONLY**

- ( ) EXEMPT
- ( ) PAID (SEE ATTACHED PAID TAX RECIEPT)
- ( ) APPLIED DATE FIRST (1<sup>ST</sup>) TAX BILL DUE: \_\_\_\_\_

BEAUFORT COUNTY AUDITOR'S SIGNATURE: \_\_\_\_\_

**IMPORTANT: ALL APPLICABLE BLANKS MUST BE COMPLETED TO PROCESS**



## Standardized Business License Application

PO Drawer 9 | Port Royal, SC 29935-0009

(843) 986-2209 | Fax: (843) 986-2210 | [alinder@portroyal.org](mailto:alinder@portroyal.org)

City or County: \_\_\_\_\_

### Business Information

Corporate name:	
Name shown to public:	Open date:
Organization type:	<input type="checkbox"/> Sole proprietor <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> Corporation
<i>Articles of Organization or Incorporation may be required.</i>	
Business activity/type:	NAICS/SIC/Other code:
Federal ID/SSN #:	State retail sales #:
Mailing address:	
Physical address:	
<input type="checkbox"/> Inside jurisdiction, Tax parcel #: _____ <input type="checkbox"/> Outside jurisdiction	
Contact name, title:	
Contact phone:	Ext.    Alternate phone:
Fax:	Email:

### Owner or Principal(s) Information

Owner or Principal(s) name(s), title(s):	SSN #:
	SSN #:
Driver's license #:	State:    Expiration date:
Mailing address:	
Work phone:	Ext.    Cell phone:
Fax:	Email:

### Job/Project Information

Project start date:	Estimated end date:
Project location:	Tax parcel #:
Project type:	<input type="checkbox"/> New construction <input type="checkbox"/> Renovation <input type="checkbox"/> Other
General contractor name:	
State contractor license #:	State:    Expiration date:
<i>Copy may be required</i>	
Master/specialty license #:	
Job contact name:	Phone:
Total gross revenues or contract amount: \$	
Gross revenues, inside jurisdiction: \$	Gross Revenues, outside jurisdiction: \$
Value of authorized deductions: \$	Deduction type(s):

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



*Application produced by the South Carolina Business Licensing Officials Association. The SC Business Licensing Officials Association is an affiliate of the Municipal Association of SC.*

## Other Information

<input type="checkbox"/> Yes <input type="checkbox"/> No	Buying an existing construction business? <i>If yes, purchased business' name:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Business leasing space to another business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Mail business license renewals to mailing address listed in the business information section on the previous page? <i>If not, corporate address:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Change of use to building?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Erecting a new sign?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Existing business with no prior license?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Home occupation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Independent contractors (Form 1099)? <i>If yes, names:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Leasing property? <i>If yes, landlord name and address:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> 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.)*

- 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.
- I certify that assessments, delinquencies and personal property taxes due to the jurisdiction are fully paid.
- I understand that providing false or fraudulent information may result in penalties, business license revocation and/or prosecution to the fullest extent possible.
- 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.
- I understand that failure to comply with these requirements may result in business license revocation as well as other compliance or legal efforts.
- 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments		
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Business license #	Rate class:	
Rate Base rate: \$	Every \$1,000 after: \$	
Amount due Fee: \$	Penalties: \$	Total: \$
Decal required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cost/each: \$	Total: \$
Receipt Amount paid: \$	Date paid:	Number of decals:
Staff name:	Signature:	Date:

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