



PORT ROYAL BUSINESS LICENSE DEPARTMENT

P.O. DRAWER 9
PORT ROYAL, SC 29935

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WWW.PORTROYAL.ORG

Rental Accounts Only

Legal Name of Business (or owners name): _____

DBA - Doing Business As: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ - _____ - _____ Cell: _____ - _____ - _____

E-mail Address: _____ Other Phone: _____ - _____ - _____

Emergency Contact (should be different than above): (Name,phone,email) _____

Date Start Renting : ____/____/____ LONG TERM SHORT TERM

Ownership Type: SOLE PROPRIETOR CORPORATION PARTNERSHIP LIMITED LIABILITY COMPANY

Address of Rental Property: _____

FEIN # _____ Social Security # _____

Driver License # _____ State Issued _____ Expires: _____

Property Owner _____ TITLE _____

Property Manager _____ TITLE _____

Is this business an affiliate of a holding or parent company? Y___ N___ If YES, name of parent company _____

Is property located within an HOA? Y___ N___ (if yes, please provide signed HOA form)

Please complete this section ONLY if this property is Short Term Rental

(STAFF USE ONLY)

a. Previous Year or Current Year Estimated Gross Revenue		a.
b. Business License Tax (minimum rate for first \$2,000 in revenue)		b.
c. Additional gross divided by 1,000 x (incremental rate)		c.
d. Calculated license Tax (add lines a thru line c)		d.
e. Credit card Fee		e.
f. Total License Tax Due (add lines d & e)		f.

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 IN 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 PENALTIES AND LICENSE REVOCATION FOR MAKING FRAUDULENT STATEMENTS ON THIS APPLICATION. I HEREBY ACKNOWLEDGE THAT 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 ACCOMMODATIONS TAX IN ACCORDANCE WITH TOWN ORDINANCES. APPLICATION MUST BE SIGNED BY OWNER, OFFICER OR PRINCIPAL MANAGING MEMBER. 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: _____ Signature: _____ Date: ____/____/____

(STAFF USE ONLY)

DATED ACCEPTED: _____	STAFF NAME: _____	HOA: _____	NAICS: _____
VERIFIED: ID: _____	PERSONAL PROPERTY TAX FORM: _____	LOCAL ATAX _____	