

Council

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Operating a Short- Term Rental in the Town of Port Royal

Requirements for an approved Business License:

- A completed Beaufort County Affidavit for Business Personal Property Tax signed by the Beaufort County Auditor
- A completed short term rental business license application
- The appropriate business license fee
- An approved safety inspection
- Short Term Rental Agreement
- Signed Accommodations Third Party Collection Agreement
- State Issued ID of person applying
- \$10 Nonrefundable Application Fee

The Process

- Verify property is in a district that is currently accepting new Short Term Rental Properties
- Complete and return the Standardized Business License Application along with the attached Beaufort County Affidavit form (Beaufort County Auditor's office located at 100 Ribaut Rd)
- Provide the application for a safety permit using the building permit application attached, provide a detailed escape plan and pictures of the exterior of your building.
- Once the safety application is approved, a \$30.00 fee will be required for the safety permit.
- Use the attached safety checklist to verify your building is ready for an inspection. (Please do not call in an inspection if the checklist items aren't complete)
- Return to the Business License Official with an approved safety inspection

You cannot rent your property until you have a Port Royal Business License, the above process must be complete to receive a license



Short Term Rental Agreement specifying the following:

1. Minimum Stay
2. The maximum number of guests shall be based on the number of beds in the Short-Term Rental. If the dwelling is an entire residence, the maximum number of adult guests is two per bedroom, plus 1. For Accessory Dwelling Units (ADU), the maximum number of guests is limited to 4 plus 2, regardless of number of available bedrooms.
3. The number of parking spaces provided.
4. That the Town's noise ordinance applies between 10:00 pm – 7:00 am
5. Prohibit large gatherings of 25 individuals or more
6. Pets, if permitted, may not be left outside unattended. Pets and owners must comply with the Town of Port Royal and Beaufort County Animal Control ordinances.



PORT ROYAL BUSINESS LICENSE DEPARTMENT

P.O. DRAWER 9
PORT ROYAL, SC 29935

PHONE: 843-986-2209
EMAIL: AHEWITT@PORTROYAL.ORG

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)

Table with 3 columns: Description, Amount, and Label (a-f). Rows include: a. Previous Year or Current Year Estimated Gross Revenue, b. Business License Tax, c. Additional gross divided by 1,000 x (incremental rate), d. Calculated license Tax, e. Credit card Fee, f. Total License Tax Due.

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...

Print Name: Signature: Date:

(STAFF USE ONLY)

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



Beaufort County Auditor
Post Office Box 458
Beaufort, South Carolina 29901-0458
Phone 843-258-5434
BeaufortCountyAuditor@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 renting a second home? YES **OR** NO

FORM COMPLETED BY: _____ **DATE:** _____

FOR COUNTY USE ONLY

- () **EXEMPT**
() **PAID (SEE ATTACHED PAID TAX RECIEPT)**
() **APPLIED DATE FIRST (1ST) TAX BILL DUE:** _____

BEAUFORT COUNTY AUDITOR'S SIGNATURE: _____

IMPORTANT: ALL APPLICABLE BLANKS MUST BE COMPLETED TO PROCESS



SHORT-TERM RENTAL THIRD PARTY PLATFORM ACCOMODATION AGREEMENT

The Town of Port Royal has come to an updated Short-Term Rental agreement with AIRBNB, VRBO & EVOLVE allowing them to remit accommodation taxes on behalf of homeowners. However, we will only be able to verify their payment on your behalf with the monthly submittal to the Town Hall of the local Accommodations Tax Form with a printed-out report of local Accommodations taxes dollar amount break down paid on your behalf through the third-party website listing. This is something that is accessible to all third-party website users and is required to be submitted monthly with the accommodation tax form to the business license administrator.

As a reminder, ATAX forms are required to be submitted by all short-term rental business owners by the 20th of each month or you will be subject to a fee. All submissions will be verified by reports from AIRBNB, VRBO or EVOLVE and all other Third Party Platforms.

I, _____ (Name) acknowledge that, as a Short-Term Rental business owner, I am required to file monthly accommodations tax returns with the Town of Port Royal. I agree to report and remit all applicable fees by the 20th of each month. I understand that any payment and/or third party report, as outlined above, not received by the 21st will be subject to a 10% penalty for each month it remains unpaid.

SIGNATURE

TODAY'S DATE



COOL. COASTAL. FAR FROM ORDINARY.

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LOCAL ACCOMMODATIONS FEE

Business Name/Address _____ Account Number: _____
 _____ Month: _____ Year _____

Computation of Fee

1.	Gross Proceeds of sales covered by Accommodation Fee	\$ _____
2.	Fee due (Line 1 x 3%)	\$ _____
3.	Penalty (10% if not received by the 20 th of the month following report month)	\$ _____
4.	Additional penalties (10% on the 21 st of each month thereafter until paid)	\$ _____
5.	Total Accommodations Fee & Penalty Due	\$ _____

NOTE: Payment is due on or before the 20th of the month following the “Sales” month shown above. A 10% penalty shall be added on the 21st day of each month following that date until paid.

I hereby certify, under penalty of Law, that the “gross proceeds of sales covered by Accommodations Fee” shown above accurately reflects the total proceeds to which the fee is applicable for the period covered by this report.

Signature

Print Name _____ Telephone _____ Date _____



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REQUIREMENTS FOR A SAFETY INSPECTION

- 1. Building permit application with thorough description of the business.**
- 2. Floor plan of the space. It should mirror how you plan to use it.**
 - a. Be dimensioned and legible.**
 - b. Label the use of each room.**
 - c. Must show all exits and restrooms.**
 - d. Total square foot of space.**
 - e. If in a strip center, indicate what businesses they are adjacent to.**
- 3. Thorough description of the business.**

Safety Inspection Checklist

Please use this checklist to verify you're ready for an inspection **BEFORE** you call the inspection line.

- Mounted Escape Plan w/ Access to Electrical Panel instructions
- Contact List (Property Owner, who to call in an emergency)
- Non- Emergency Number
- Mounted Fire Extinguisher
- Stairs, Handrails, Guard Rails are structurally safe and in good working order
- Operable egress window in each bedroom
- Smoke Detectors
 - In each bedroom
 - In the immediate vicinity outside each bedroom
 - On each floor level
- Carbon Monoxide Detector if there is an attached garage or fuel burning appliance
 - Installed on each level of the home
- GCFI protected receptacles
 - Outdoors, bathrooms, kitchens, within 6' of a sink
- Hot Water not exceeding 140 degrees Fahrenheit. Hot water heaters must have proper safety devices
- Bathroom exhaust system is working properly

This is not an all-inclusive list; items may vary based on the condition of the property



Permitting Department
 700 Paris Avenue
 Port Royal, SC 29935
 (843) 986-2215
 permits@portroyal.org

RESIDENTIAL BUILDING PERMIT APPLICATION

Project Information	
Parcel ID Number:	Zoning District:
Project Address:	
Pursuant to Section 6-29-1145 of the South Carolina Code of Laws, is this tract or parcel restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The owner of this property is aware of and has authorized the proposed work as described in this application: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant / Contractor	Property Owner
Name:	Name:
SC State License Number:	Email:
Port Royal License Number:	
Email:	Phone:
Phone:	Mailing Address:
Address:	
<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Change of Occupancy/Safety <input type="checkbox"/> Renovation/Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Other: _____	
Total Project Cost:	
Number of Stories:	Total Lot Sq. Ft.:
New Sq. Ft.:	New Impervious Sq. Ft.:
Existing Sq. Ft. (if applicable):	Existing Impervious Sq. Ft.:
Total Gross Sq. Ft.:	Pervious Sq. Ft.:
New Garage: <input type="checkbox"/> Attached <input type="checkbox"/> Detached Total Sq. Ft.: _____	
Type of Heating: <input type="checkbox"/> Gas <input type="checkbox"/> Electric	
Type of A/C: <input type="checkbox"/> Central <input type="checkbox"/> Window	
Type of Sewage: <input type="checkbox"/> BJWSA <input type="checkbox"/> Septic No.	
Type of Water: <input type="checkbox"/> BJWSA <input type="checkbox"/> Well	
Scope of Work (Describe in Detail):	
SAFETY INSPECTION	
Applicant Signature:	Date:
<small>*DATE RECEIVED</small>	<small>*APPLICANT</small>

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HOA COMPLIANCE FORM FOR BUSINESS LICENSE

A Business License Application has been received for an occupation within your Subdivision. Provided below is the physical address of the occupation and the type of business.

In the event that the subject property for which the business license may be issued is subject to any applicable covenants, restrictions, declarations, rules, easements, or otherwise, the Applicant shall be solely responsible for compliance. The Town of Port Royal shall not be responsible for compliance with or the enforcement of any aforementioned covenants, restrictions, et.al.

Physical Location

Name of Subdivision: _____

Street Address: _____

City: _____ Zip Code: _____

District Map Parcel: _____

Type of Business

Business Activity: _____

HOA BOARD MEMBER (AUTHORIZED) TITLE

HOA DESIGNEE SIGNATURE DATE