



Council

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

The Process

- Apply for a Zoning/ Safety Permit (application attached) \$30 fee
- Call the inspection line, (843) 986-2236 to arrange a safety inspection
- Register for Personal Property Taxes with MyDORWAY and provide proof of registration to the business license official
- Complete the Standardized Business License Application
- Return to the Business License Office

Required for an approved Business License

- The approved safety inspection
- The completed personal property tax with SCDOR on MyDORWAY and proof of registration
- The completed standardized Business License application
- The appropriate Business License Fee (\$60.00 for a Short-Term Rental)

Please keep in mind that some licenses will be put under review



Jim Beckert
Auditor of Beaufort County
Post Office Box 458
Beaufort, South Carolina 29901-0458
843-255-2500 Fax 843-255-9409
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: _____

TYPE BUSINESS OR
SERVICE PROVIDED: _____

SERVICE ORIENTED BUSINESS () or RETAIL (sales tax) BUSINESS ()

Social Security Number or Federal employer Tax ID Number (FEIN) _____

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 RECEIPT)
() APPLIED DATE FIRST (1ST) TAX BILL DUE: _____

BEAUFORT COUNTY AUDITOR'S SIGNATURE: _____

IMPORTANT: ALL APPLICABLE BLANKS MUST BE COMPLETED TO PROCESS

**ZONING PERMIT
SAFETY APPLICATION**

Town of Port Royal

700 Paris Ave, Port Royal, South Carolina 29935

p. (843) 986-2215 / f. (843) 986-2210 / smiddleton@portroyal.org

Application Fee: \$30
www.portroyal.org

OFFICE USE ONLY: Date Filed: _____ Application #: _____ Zoning: _____

Change of Use: YES NO Approved By: _____

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? 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 E-mail: _____ 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: _____



Standardized Business License Application

PO Drawer 9 | Port Royal, SC 29935-0009

(843) 986-2209 | Fax: (843) 986-2210 | 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.

Short- Term Rental Agreement

As per Sec. 12- 64 All accommodation fees are required to be collected and remitted to the Town of Port royal. In the coming year (2023), the Town will **no longer be accepting payment from third party websites such as VRBO, AIRBNB, etc.** What this means is that all accommodation tax for the year 2023 and forward must be remitted to the Town.

- **Sec. 12-64. - Accommodation fee required**

Any property owner engaged in the activity of short-term rental within the limits of the town will collect and remit **to the town** the local accommodations tax as provided for in [chapter 18](#), article III, Local Accommodations Tax. Additionally, a unique number will be assigned to each rental unit by the town. This number must be used in any marketing platform (online or otherwise).

(Ord. No. 07-15, 3-14-07; Ord. No. 2021-18, § 1, 6-9-21)

I, _____

understand that from now on all accommodations taxes for my Short-Term Rental (s) are required to be remitted ***directly*** to the Town of Port Royal. I agree to pay these taxes by the 20th of each month and understand a 10% penalty will be levied for each month not remitted by the 21st thereafter.

(Signature)

(Today's Date)



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LOCAL ACCOMMODATIONS FEE

Business Name/ Address

Account Number: _____

Month: _____ Year: _____

Telephone: _____

Computation of Fee

1. Gross Proceeds of sales covered by Accommodation Fee \$ _____
2. Fee due (Line 1x 3%) \$ _____
3. Penalty
(10% if not received by the 20th of the month following report month) \$ _____
4. Additional Penalties \$ _____
(10% on the 21st 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.

Print name

Signature

Date