

Town of Sullivan's Island 2056 Middle Street P.O. Box 427 Sullivan's Island, SC 29482

Business License Application Form

The business license is due May 1st and expires April 30th.

Section 10-1: Every person engaged or intending to engage in any calling, business, occupation or profession listed in the rate classification index portion of this ordinance, in whole or in part, within the limits of the Town of Sullivan's Island, South Carolina, is required to pay an annual license fee and obtain a business license as herein provided. (11-17-80, SI; 12-15-92)

| NEW LICENSE: YES: NO: | | YEAR: | |
|--------------------------------------|----------------------------------|-----------------|-------------|
| RENEWAL: YES: NO: | | | |
| **ANY TRADE REQUIRED TO HOLD A STATE | LLR LICENSE MUST PROVIDE A CURRE | NT COPY OF THIS | LICENSE. ** |
| BUSINESS NAME: | DBA: | | |
| FEIN or SS NUMBER: | SC LLR LICENSE#: | | |
| EMAIL ADDRESS: | PHONE NUMBER | k: | |
| PHYSICAL ADDRESS: | | | |
| MAILING ADDRESS: | | STATE | ZIP |
| | | STATE | ZIP |
| RESPONSIBLE PERSON: | EMAIL: | | |
| BUISNESS DESCRIPTION: | | | |
| | | | |

AVOID PENALTY:

This application with remittance in full must be completed and returned with full payment on or before April 30th of each year. A 5% penalty will be added each month for any unpaid renewals. If no longer in business, please complete the required forms provided by the Town of Sullivan's Island.

Staff Contact: Jessi Gress, Business Licensing and Permit Technician Phone Number: 843-883-5727; Email: jgress@sullivansisland.sc.gov.



For your convenience, this application may be returned by mail, email or in person. You may submit payment online through the BS&A online portal but this application and any other required documents must be completed and turned in to Town Staff prior to payment. The license fee is based on your rate class. Your business type determines your SIC code, which indicates which class you are. You can find this information on our website at www.sullivansisland.sc.gov. If you have questions in regards to your rate class and/or license fees please call 843-883-5727.

I (we) do hereby certify that the information given in this application is true. That the gross income is accurately reported or estimated for a new business without any unauthorized deduction, and that all assessments and personal property taxes due and payable to the Town have been paid. I understand that issuance of a Town business license does not relieve me of the responsibility of meeting all Town of Sullivan's Island Zoning and Building Code requirements, and that I am subject to all provisions of the business license ordinance of the Town of Sullivan's Island. I also understand and authorize the Town of Sullivan's Island and its Agents to utilize all information on this application for the purposes of obtaining a business license and ensuring that all other Federal, State and Local Laws are followed. See attached rate schedule.

| GROSS INCOME (SUL | LIVAN' S ISLAND | ONLY): | | |
|-------------------|-----------------|---------------------|------------------|----------|
| PRI | NT | SIGN | NATURE | DATE |
| | DO NOT WRI | TE BELOW THIS LINE. | OFFICE USE ONLY. | |
| NASIC CODE: | CLASS: | LICENSE FEE: | LATE F | PENALTY: |
| APPROVED: | DENIE | ED: | LICENSE FEE TOTA | L: |
| STIPULATIONS: | | | | |
| | | | | |
| | | | | |
| | | | | |
| PRI | NT | SIGN | NATURE | DATE |

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TOWN OF SULLIVAN'S ISLAND BUSINESS LICENSING RATES

| Class: | Resident: N | Ion-Resident: | Resident: | Non-Resident: |
|--------|-----------------------|------------------------|------------------|----------------------|
| 1 | \$ 70.00 | \$140.00 | \$ 2.75 | \$5.50 |
| 2 | \$ 80.00 | \$160.00 | \$ 3.00 | \$6.00 |
| 3 | \$ 90.00 | \$180.00 | \$ 3.25 | \$6.50 |
| 4 | \$ 100.00 | \$200.00 | \$ 3.50 | \$7.00 |
| 5 | \$ 110.00 | \$220.00 | \$ 3.75 | \$7.50 |
| 6 | \$ 120.00 | \$240.00 | \$ 4.00 | \$8.00 |
| 7 | \$ 130.00 | \$260.00 | \$ 4.25 | \$8.50 |
| 8.1 | \$ 120.00 | \$240.00 | \$ 4.50 | \$9.00 |
| 8.2 | Set by state statute | | | |
| 8.3 | MASC Telecommun | ications | | |
| 8.4 | MASC Insurance | | | |
| 8.51 | \$ 12.50 + \$12.50 | per machine | | |
| 8.52 | \$ 12.50 + \$180.00 |) per machine | | |
| 8.6 | \$ 175.00 plus \$5.00 | 0 -OR- \$12.50 per tab | le \$ 3.40 | \$6.80 |
| 9.91 | \$ 175.00 | \$350.00 | \$ 3.40 | \$6.80 |
| 9.92 | \$ 1,000.00 | \$2,000.00 | \$ 9.00 | \$18.00 |

Column one is the base rate. This amount is for the 1^{st} \$2,000 dollars. Column 2 is per \$1,000 thereafter rounded to the nearest thousandth.

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