



**TOWN OF SULLIVAN'S ISLAND, SOUTH CAROLINA**  
**Dog License Application**

Dog Licenses are available at Town Hall, 2056 Middle Street from 8:00a.m.-5p.m., M-F. Customers are required to present a valid driver's license with current address and rabies vaccination certificate issued by a licensed veterinarian. **This form must be notarized prior to submission unless applicant presents it in person at Town Hall.**

Licenses are \$25.00 for residents of Sullivan's Island. Sullivan's Island residency is verified by the address provided on a valid South Carolina driver's license. The cost is \$50.00 for all others. An additional \$10.00 is required for all applications processed through the mail. We accept cash, check and credit/debit cards (service charges apply). There is a \$2.00 discount for dogs that have been certified by the American Kennel Club Canine Good Citizenship program (certificate must be presented at the time of application.) **Licenses are valid until December 31<sup>st</sup> of the current year and are not prorated.**

**Dog License Affidavit of Fact**

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This declaration and facts about the specific dog listed herein is to be used as part of an application for and basis to grant a dog license by the Town of Sullivan's Island, SC.

I, \_\_\_\_\_, state:  
(Print Name of Dog Owner)

1. I am the owner of \_\_\_\_\_  
(Print Name of Dog(s))

2. Dog Owner Contact Information:

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

3. Dog(s) Information:

(A) Dog's Name: \_\_\_\_\_

The breed of the referenced dog is: \_\_\_\_\_ Primary Color: \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_ Dog's approximate age: \_\_\_\_\_ Weight: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Rabies expiration date: \_\_\_\_\_

(A) Dog's Name: \_\_\_\_\_

The breed of the referenced dog is: \_\_\_\_\_ Primary Color: \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_ Dog's approximate age: \_\_\_\_\_ Weight: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Rabies expiration date: \_\_\_\_\_

4. I have attached and provided a valid and current Rabies Vaccination Certificate for the referenced dog(s). I understand it is my responsibility to provide rabies vaccination updates to the Town.

\_\_\_\_\_ (APPLICANT INITIALS)

5. The referenced dog (or dogs) has never viciously attacked or bitten a person or other animal. I understand that if this dog ever viciously attacks or bites a person or other animal the Town of Sullivan’s Island reserves the right to revoke or deny a license.

\_\_\_\_\_ (APPLICANT INITIALS)

6. As the owner of the dog(s) referenced herein, I have liability insurance in the form of a homeowners’ policy, renters’ policy or condominium policy in the event of an attack or accident while the dog is in the jurisdiction of the Town of Sullivan’s Island. (Note: The Town reserves the right to request a copy of the liability insurance certificate prior to issuing the license.)

Insurance Carrier: \_\_\_\_\_ OR Insurance Agent: \_\_\_\_\_

\_\_\_\_\_ (APPLICANT INITIALS)

7. I have received a copy of the current Town of Sullivan’s Island Dog Ordinance and am aware of the hours dogs are allowed on the beach and other regulations, including my responsibility to pick up and properly dispose of my dog’s waste.

\_\_\_\_\_ (APPLICANT INITIALS)

8. I aware that the Town of Sullivan’s Island is a Bird Sanctuary and that it is unlawful “...for any person to kill, injure, harm or molest any bird...or to destroy, injure, rob or molest the eggs or the nests and breeding places...”(Section 3-1 of Town Ordinance); and, to “allow a dog to enter a designated critical habitat area...”(Section 3-4 of Town Ordinance), or to allow a dog to enter the area landward of the primary dune and “...to allow a dog to disturb nesting sea turtles, turtle nests, or turtle hatchlings” (Section 3-8 of Town Ordinance).

\_\_\_\_\_ (APPLICANT INITIALS)

9. **Optional.** I have attached a copy of the referenced dog’s American Kennel Club Canine Good Citizenship certificate. I am committed to responsible dog ownership.

\_\_\_\_\_ (APPLICANT INITIALS),

I, \_\_\_\_\_, do hereby under oath accept full responsibility for the actions of my animal. I depose and say that the foregoing representations, information, and documentation provided herein are true, correct, and complete.

\_\_\_\_\_  
Signature of Dog Owner

\_\_\_\_\_  
Date

**FOR OFFICIAL NOTARY USE ONLY (application must be notarized if faxed, emailed, or mailed)**

Sworn and subscribed before me

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
Commission Expires: \_\_\_\_\_

Notary  
Seal