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## Town of Hilton Head Island

One Town Center Court  
Hilton Head Island, SC 29928  
843-341-4677 Fax 843-341-4637  
[www.hiltonheadislandsc.gov](http://www.hiltonheadislandsc.gov)

### Business License / Accommodations Tax and Beach Preservation Fee Permit/Application

**\* REQUIRED FIELD: To avoid any processing delays, please provide all required documentation. We are unable to accept incomplete applications.**

**PLEASE PRINT LEGIBLY**

\*BUSINESS NAME: \_\_\_\_\_

\* BUSINESS MAILING ADDRESS: \_\_\_\_\_

\* PHYSICAL ADDRESS OF BUSINESS: \_\_\_\_\_  
Please include UNIT/SUITE # and the name of the commercial property where the business will be located. PO Box's will not be accepted.

\* ATTENTION OR ON-SITE CONTACT PERSON: \_\_\_\_\_ \* BUSINESS PHONE #: \_\_\_\_\_

Fax: \_\_\_\_\_ EMAIL: \_\_\_\_\_ (required for on line access)

\*LOCATION:  IN TOWN  OUT OF TOWN

**\*TYPE OF ENTITY:**

**Part 1:**

SOLE PROPRIETORSHIP  CORPORATION  PARTNERSHIP  LLC/LLP  OTHER

**Part 2:**

RETAIL  WHOLESALE  SERVICE  PROFESSIONAL  CONTRACTOR  OTHER

Is this business an affiliate of a Holding or parent Company? Y\_\_N\_\_ If Yes, name of Parent Company: \_\_\_\_\_

Contact information: Contact Name and Position: \_\_\_\_\_ Contact Phone#: \_\_\_\_\_

\*PRINCIPAL/OWNER(S) NAME: \_\_\_\_\_

\*PRINCIPAL/OWNER ADDRESS: \_\_\_\_\_

\* PRINCIPAL/OWNER PHONE NUMBER: \_\_\_\_\_

\*SOCIAL SECURITY (Last 4 digits) : \_\_\_\_\_ OR FEDERAL EIN #: \_\_\_\_\_ SC RETAIL #: \_\_\_\_\_

SC (LLR) LICENSE #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ TYPE OF CONTRACTOR LICENSE: \_\_\_\_\_

TOWN OF HILTON HEAD IRRIGATION CERT# \_\_\_\_\_ NAME on LLR or ITC CERT HOLDER: \_\_\_\_\_

**PROVIDE A COPY OF YOUR LLR or ITC CERTIFICATE WITH THIS APPLICATION.**

\*BUSINESS TYPE (Retail, Design, Publishing, etc): \_\_\_\_\_ \*Hilton Head Island Business Start Date: \_\_\_\_\_

\*DESCRIBE YOUR BUSINESS ACTIVITY IN DETAIL:

\_\_\_\_\_  
\_\_\_\_\_

- \* Do you rent residential or commercial property?  N/A  Residential  Commercial
- \* Long or short term residential rentals?  Short Term If you use a management company, name of company: \_\_\_\_\_  
 Long Term Attach copy of lease.
- \* Do you hold ownership of any other property as a one member LLC? Yes  NO

Please list rental property addresses:

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If you own residential rental property and rent for intervals less than 90 days, you are required to collect and remit quarterly to the Town a 1% Accommodation Tax and a 2 % Beach Preservation fee. If you would prefer to remit monthly, check this box:

If you prepare and/or sell prepared food/beverages you are required to collect and remit quarterly to the Town a 2% Hospitality Tax. If you would prefer to remit monthly, check this box:

**PLEASE ANSWER THE FOLLOWING QUESTIONS – WHERE APPROPRIATE:**

- Is this a home occupation? yes \_\_\_\_\_ no \_\_\_\_\_
- Will there be any renovation or construction at this site? yes \_\_\_\_\_ no \_\_\_\_\_
- Will you want to erect a new sign? yes \_\_\_\_\_ no \_\_\_\_\_ Name on sign: \_\_\_\_\_

**\*Alternate contact Information (Please provide at least one emergency contact):**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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 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 FOR PENALTIES AND LICENSE REVOCATION FOR MAKING FRAUDULENT STATEMENTS ON THIS APPLICATION.

I HEREBY ACKNOWLEDGE THAT IF MY BUSINESS SELLS PREPARED FOOD OR ALCOHOL, I WILL COLLECT AND REMIT HOSPITALITY TAXES IN ACCORDANCE WITH TOWN CODE TITLE 4 CHAPTER 13. 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 ACCOMMODATION TAX AND BEACH PRESERVATION FEES IN ACCORDANCE WITH TOWN CODE TITLE 4 CHAPTERS 12 AND 9, RESPECTIVELY.

MUST BE SIGNED BY OWNER OR OFFICER OR PRINCIPAL OR MANAGING MEMBER OF THE BUSINESS.

**BUSINESSES OPERATING WITHOUT A VALID BUSINESS LICENSE ARE SUBJECT TO PENALTIES AND FINES.**

**BUSINESS LICENSE RENEWALS ARE DUE MAY 31<sup>ST</sup>, RENEWALS RECEIVED AFTER THAT DATE MAY BE ASSESSED A 5% PENALTY ON THE UNPAID AMOUNT...FOR EACH MONTH OR PORTION THEREOF AFTER THE DUE DATE UNTIL PAID. ADDITIONALLY, DELINQUENT BUSINESSES MAY BE SUBJECT TO A \$1092.50 MUNICIPAL SUMMONS.**

\*Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ADMINISTRATIVE USE ONLY: APPLICATION ACCEPTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICATION FEE RECEIVED: \_\_\_\_\_ SIC: \_\_\_\_\_

BUSINESS DOCUMENTS: \_\_\_\_\_ VERIFIED BY: \_\_\_\_\_

OWNER/PRINCIPAL ID: \_\_\_\_\_ VERIFIED BY: \_\_\_\_\_

STATE LICENSE ISSUED: \_\_\_\_\_ EXP DATE \_\_\_\_\_ VERIFIED BY: \_\_\_\_\_



## **APPLICATION /PERMIT CHECKLIST**

**Please ensure you have attached all the required documents when submitting your Application.**

**After 30 days, incomplete applications will be returned by mail and if you are found operating without a valid business license, you may be subject to fines up to a \$1092.50 per day and if applicable, liens may be placed on properties for the collection of fees, taxes, penalties and collection costs.**

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### **Business License Application Support Documents:**

1. Proof that the business has registered with the South Carolina Secretary of State and/or Department of Revenue.  Attached  N/A  
(Not required for South Carolina DBA's (Doing Business AS))
2. Copy of business registration documents and list of officers or members. For example: Corporation-Articles of Incorporation and list of officers. Limited Liability Companies (LLC)/partnerships- Articles of Organization with list of members, particularly the if there is a managing or sole member.  Attached  N/A
3. Copy of Professional/Contractors License and/or businesses providing Design or Installation of Irrigation systems, Identifying the name of the Licensed/Qualifier/Certificate holder's name and number.  Attached  N/A
4. Vehicle Permits are required for the following type of business: tree and or debris removals, all Contractors that require a SC LLR to operate. Business Vehicle registration information should be provided on the attached Schedule A.
5. \$10.00 Non-Refundable application fee (Checks payable to the Town of Hilton Head Island)  Attached
6. BUSINESS START DATE: Date the business began operating on the Town of Hilton Head Island.
7. The application must be signed by a principal of the company. If the principal cannot present the application in person, the agent should provide written authorization from the owner/principal.  Attached  N/A
  - A Corporation: signed by an officer
  - An LLC or LLP: signed by a managing member
  - All others must be signed by an owner.
8. If you are a residential rental property owner and have owned/rented the properties in prior years, please provide copies of the last three years tax returns, documenting the gross rents you received.  Attached  N/A  
(i.e. 1040 Schedule E, 1040 Schedule C, 1065, 1120, 1120S or 8825 which would accompany Form 1065, 1065-B or 1120S)

**SCHEDULE A**

BUSINESS LICENSE VEHICLE REGISTRATION FORM

ACCT# \_\_\_\_\_

**Vehicles must be registered in Business Name**

**Have copies of vehicle registration available**

BUSINESS NAME: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

LICENSE PLATE #: \_\_\_\_\_

STATE/EXP: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

LICENSE PLATE #: \_\_\_\_\_

STATE/EXP: \_\_\_\_\_

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LICENSE PLATE #: \_\_\_\_\_

STATE/EXP: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

LICENSE PLATE #: \_\_\_\_\_

STATE/EXP: \_\_\_\_\_

# OF STICKERS ISSUED: \_\_\_\_\_