

TOWN OF HILTON HEAD ISLAND

REVENUE SERVICES
One Town Center Court
Hilton Head Island, SC 29928
Phone: (843) 344 4677 Fax: (843) 3

Phone: (843) 341-4677 Fax: (843) 341-4637 Email: RS@hiltonheadislandsc.gov

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Residential or Commercial Property Rental Business License Application

ALL INCOMPLETE APPLICATIONS WILL BE RETURNED					
PROPERTY OWNER NAME					
PROPERTY OWNER MAILING ADDRESS					
PROPERTY OWNER EMAIL (REQUIRED FOR WEB ACCESS)					
PROPERTY OWNER CELL PHONE NUMBER					
SOCIAL SECURITY (LAST 4 DIGITS)OR	FEDERAL EIN / ITIN #				
ADDITIONAL CONTACT INFORMATION (SHOULD BE DIFFERENT NAME	CELL PHONE NUMBER				
HOW IS YOUR PROPERTY TITLE DEED LISTED WITH BEAUFORT SOLE PROPRIETORSHIP CORPORATION NAME ON DEED	☐ TRUST ☐ LLC/LLP ☐ OTHER				
LIST ADDRESS OF ALL RENTAL PROPERTIES OWNED IN THE TOWN. PLEASE INCLUDE UNIT/APT NUMBER.					
DATE YOU BEGAN RENTING PROPERTY					
SELECT HOW YOU RENT THE PROPERTY: DOING TERM DISHORT TERM DISHORT DOTH COMMERCIAL PROPERTY MANAGEMENT COMPANY DIVINO DISHORD SELF OTHER					
DOES ABOVE PROPERTY MANAGEMENT COMPANY MANAGE 100% OF ALL RENTALS? YES NO					
IF NO. WHO MANAGES THE OTHER RENTALS?					

FOR SHORT TERM RENTALS ONLY:	
	NT FOR INTERVALS LESS THAN 90 DAYS, YOU ARE REQUIRED TO COLLECT RESERVATION FEES FROM YOUR TENANTS AND REMIT TO THE TOWN.
DOES YOUR PROPERTY MANAGEMENT COMPA	NY REMIT ACCOMMODATIONS TAX ON YOUR BEHALF? ☐ YES ☐ NO
IF NO, PROVIDE YOUR SOUTH CAROLINA RETA	IIL LICENSE NUMBER
A SOUTH CAROLINA RETAIL LICENSE IS REQUI	IRED IF YOU ARE REMITTING ACCOMMODATIONS TAX
PLEASE CHOOSE ONE: ☐ REMIT TAX QUARTER	RLY OR
IF NO SELECTION IS MADE, YOUR ACCOUNT W	ILL DEFAULT TO QUARTERLY REMITTANCE
AFFIRM UNDER OATH THAT ALL OF THE INFORMA KNOWLEDGE, THAT I AM COMPLIANT WITH ALL TO THAT I HAVE THE AUTHORITY TO MAKE THIS APPIFEES, AND PERSONAL PROPERTY TAXES DUE AN UNDER OATH THAT I WILL MAINTAIN ACCURATE OTHE TOWN AND THE COUNTY. I UNDERSTAND THAT REVOCATION FOR MAKING FRAUDULENT STATEM I HEREBY ACKNOWLEDGE THAT IF MY BUSINESS OF THE TOWN AND THE COUNTY.	COLLECTS GROSS PROCEEDS FROM THE LEASE/RENTAL OF SLEEPING
	R A PERIOD OF LESS THAN 90 DAYS, I WILL COLLECT AND REMIT LOCAL ION FEE IN ACCORDANCE WITH TOWN CODE TITLE 4 CHAPTERS 12 AND 9,
APPLICATION MUST BE SIGNED BY OWNER, OFFIC	CER OR PRINCIPAL MANAGING MEMBER.
A BUSINESS MAY BE ASSESSED A 5% PENALTY FO	NESS LICENSE ARE SUBJECT TO PENALTIES AND FINES. OR EACH MONTH OR PORTION THEREOF FOR OPERATING WITHOUT A ESSES MAY BE SUBJECT TO A \$1087.50 MUNICIPAL SUMMONS.
Print Name	Date
Signature	Date
ADMINISTRATIVE USE ONLY:	
APPLICATION ACCEPTED BY:	DATE:
APPLICATION FEE RECEIVED:	NAICS:
BUSINESS DOCUMENTS:	OWNER/PRINCIPAL ID:

REQUIRED DOCUMENTS:

1.	ENTITIES: ARTICLES OF INCORPORATION, ARTICLES OF ORGANIZATION, TRUST AGREEMENT Not required for Sole Proprietorships	☐ ATTACHED
2.	ENTITIES: LIST OF MEMBERS, OFFICERS OR MANAGING PARTNERS	☐ ATTACHED
3.	ENTITIES: REGISTRATION WITH SC SECRETARY OF STATE (Out of state entities will require a Certificate of Authorization from SC Secretary of State) Contact SC SOS with questions www.sos.sc.gov or 803-734-2158	☐ ATTACHED
4.	SC RETAIL LICENSE Contact SC DOR with questions <u>www.dor.sc.gov</u> or 803-898-5788	☐ ATTACHED
	THE APPLICATION MUST BE SIGNED BY THE OWNER, OFFICER OR PRINCIPAL MANAGING MEMBER OF THE BU (If the principal owner cannot deliver the application in person, written authorization for an agent must be provide	
6.	\$10.00 NON-REFUNDABLE APPLICATION FEE Checks payable to the Town of Hilton Head Island	☐ ATTACHED