



TOWN OF HILTON HEAD ISLAND
REVENUE SERVICES
1 Town Center Court
Hilton Head Island, SC 29928
Phone: (843) 341-4677
Email: RS@hiltonheadislandsc.gov

Business License Application

ALL INCOMPLETE APPLICATIONS WILL BE RETURNED

* BUSINESS NAME (ENTITY OR PERSONAL NAME) _____

DBA NAME (IF APPLICABLE) _____

* BUSINESS PHYSICAL ADDRESS _____

(INCLUDE UNIT/SUITE NUMBER. P.O. BOX & VIRTUAL OFFICES WILL NOT BE ACCEPTED FOR PHYSICAL ADDRESS)

* BUSINESS MAILING ADDRESS _____

* IS THIS A HOME OCCUPATION LOCATED IN THE TOWN? ☐ YES ☐ NO

* PRINCIPAL/OWNER(S) NAME _____

* PRINCIPAL/OWNER ADDRESS _____

* PRINCIPAL/OWNER EMAIL (REQUIRED FOR WEB ACCESS) _____

* PRIMARY PHONE NUMBER _____ EXTENSION _____

ADDITIONAL PHONE NUMBER _____

SOCIAL SECURITY (LAST 4 DIGITS) _____ OR FEDERAL EIN/ ITIN # _____

* Application cannot be processed without one of the above – S.S. or FEIN/ITIN

* ADDITIONAL CONTACT INFORMATION (Name & Phone # must be different than above and able to receive correspondence regarding business license)

* NAME _____ * PRIMARY PHONE _____ EXTENSION _____

ADDITIONAL PHONE NUMBER _____ EMAIL _____

* RELATIONSHIP TO APPLICANT _____

* TYPE OF ENTITY

☐ INDIVIDUAL ☐ CORPORATION ☐ LLC/LLP ☐ PARTNERSHIP

SOUTH CAROLINA (LLR) LICENSE # _____ EXP. DATE _____

(REQUIRED FOR ALL CONTRACTORS, PROPERTY MANAGERS, BROKERS IN CHARGE, ETC.) See #4 on Required Documents Page

TOWN OF HILTON HEAD ISLAND IRRIGATION CERT#: _____

(REQUIRED FOR LANDSCAPE CONTRACTORS INSTALLING IRRIGATION) See #5 Required Documents Page

ARE YOU A PROPERTY MANAGER REMITTING ACCOMMODATIONS TAX ON BEHALF OF YOUR CLIENTS?

☐ YES ☐ NO

(IF YES, PLEASE PROVIDE SC RETAIL LICENSE NUMBER BELOW) See #7 on Required Documents Page

SC RETAIL LICENSE NUMBER: _____

(REQUIRED FOR ALL RENTALS, SALES, ETC.) See #6 on Required Documents Page

* HILTON HEAD ISLAND BUSINESS START DATE _____

* DESCRIBE YOUR BUSINESS ACTIVITY IN DETAIL

FOR CONTRACTORS AND SUBCONTRACTORS ONLY:

NAME AND LOCATION OF PROJECT _____

NAME OF GENERAL CONTRACTOR FOR PROJECT _____

FOR BUSINESSES SERVING FOOD: IF YOU PREPARE AND SELL FOOD AND BEVERAGE YOU ARE REQUIRED TO COLLECT 2% HOSPITALITY TAX FROM YOUR CUSTOMER AND REMIT TO THE TOWN.

PLEASE CHOOSE ONE: ☐ REMIT TAX QUARTERLY OR ☐ REMIT TAX MONTHLY

IF NO SELECTION IS MADE, YOUR ACCOUNT WILL DEFAULT TO QUARTERLY REMITTANCE

FOR PROPERTY MANAGERS REMITTING ACCOMMODATIONS TAX ON BEHALF OF CLIENTS:

PLEASE CHOOSE ONE: ☐ REMIT TAX QUARTERLY OR ☐ REMIT TAX MONTHLY

IF NO SELECTION IS MADE, YOUR ACCOUNT WILL DEFAULT TO QUARTERLY REMITTANCE

AS OWNER, OFFICER, PRINCIPAL OR MANAGING MEMBER OR AUTHORIZED AGENT, BY MY SIGNATURE BELOW, I AFFIRM UNDER OATH THAT ALL OF THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, THAT I AM IN COMPLIANCE WITH ALL TOWN, STATE AND FEDERAL REGULATORY REQUIREMENTS AND THAT I HAVE THE AUTHORITY TO MAKE THIS APPLICATION ON BEHALF OF THE BUSINESS. I AFFIRM UNDER OATH THAT ALL ASSESSMENTS, TAXES, FEES, AND PERSONAL PROPERTY TAXES DUE AND PAYABLE TO THE TOWN AND COUNTY HAVE BEEN PAID AND THAT I WILL MAINTAIN ACCURATE AND CURRENT 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 AUTHORIZE THE TOWN OF HILTON HEAD ISLAND TO SEND NOTICES, CORRESPONDENCE AND IF NECESSARY, ENFORCEMENT COMMUNICATION VIA EMAIL TO ALL EMAIL ADDRESSES ON FILE.

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. I UNDERSTAND THAT BUSINESSES OPERATING WITHOUT A VALID BUSINESS LICENSE ARE SUBJECT TO PENALTIES AND FINES, INCLUDING A 5% PENALTY FOR EACH MONTH OR PORTION THEREOF OF UNLICENSED OPERATION, AND MAY BE ISSUED A TOWN SUMMONS IN THE AMOUNT OF \$500.00.

BY SUBMITTING THIS APPLICATION, I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF SOUTH CAROLINA, THAT THE ABOVE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT I WILL OPERATE MY BUSINESS IN COMPLIANCE WITH ALL APPLICABLE FEDERAL, STATE, AND LOCAL LAWS AND REGULATIONS, AND I UNDERSTAND THAT ANY FALSE STATEMENTS MADE ARE GROUNDS FOR DENIAL OR REVOCATION OF THE BUSINESS LICENSE.

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

Print Name _____

Signature _____ Date _____

ADMINISTRATIVE USE ONLY:

LOCATION OF BUSINESS

☐ IN TOWN

☐ OUT OF TOWN

APPLICATION ACCEPTED BY: _____

DATE: _____

APPLICATION FEE RECEIVED: _____

NAICS: _____

REQUIRED DOCUMENTS:

NOT ALL ITEMS ARE REQUIRED FOR EVERY BUSINESS. PLEASE CONTACT US WITH ANY QUESTIONS.

1. ENTITIES: ARTICLES OF INCORPORATION, ARTICLES OF ORGANIZATION, PARTNERSHIP AGREEMENT (Not required for individuals) ☐ ATTACHED
2. ENTITIES: LIST OF MEMBERS, OFFICERS OR MANAGING PARTNERS (Not required for individuals) ☐ ATTACHED
3. ENTITIES: REGISTRATION WITH SC SECRETARY OF STATE (Not required for individuals). In state need to provide a CERTIFICATE OF GOOD STANDING and Out of state will provide a SC CERTIFICATE OF AUTHORIZATION. Contact SC SOS with questions www.sos.sc.gov or 803-734-2158 ☐ ATTACHED
4. CONTRACTORS (ALL TYPES): COPY OF SC STATE CONTRACTORS LICENSE ISSUED BY SC LLR. REQUIRED FOR ALL CONTRACTORS, including GC, Subcontractors, Specialty Contractors and Handyman. Your business name (including DBA) must match the name on your SC State Contractors/Specialty License. Contact SC LLR with questions llr.sc.gov or 803-896-4300 ☐ ATTACHED
5. IRRIGATION TRADE CERTIFICATE: Must have an ITC Certificate from the Town prior to submitting BL App. Contact Community Development for ITC Certification Requirements at CDIC@HILTONHEADISLANDSC.GOV OR 843-341-4757 ☐ ATTACHED
6. SC RETAIL LICENSE: Required for all retail sales and rental businesses. Contact SC DOR with questions mydorway.dor.sc.gov or 844-898-8542 ☐ ATTACHED
7. ALL PROPERTY MANAGERS: DETAIL PROPERTY LIST INCLUDING OWNER'S NAME, PHONE NUMBER, AND OWNER'S RENTAL PROPERTY ADDRESSES ☐ ATTACHED
8. MOBILE FOOD UNITS: MUST HAVE AN APPROVED DPR (DEVELOPMENT PLAN REVIEW) PRIOR TO SUBMITTING BL APP. Contact Community Development Info Center to initiate DPR process at CDIC@HILTONHEADISLANDSC.GOV. A CERTIFICATE OF INSURANCE and an APPROVAL/INSPECTION REPORT FROM THE SOUTH CAROLINA DEPARTMENT OF AGRICULTURE must be submitted with BL Application. Contact Department of Agriculture at 803-734-2210 or www.agriculture.sc.gov. ADDITIONAL CHECKLIST REQUIREMENTS MAY ALSO APPLY. ☐ ATTACHED
9. NON- PROFIT ENTITIES: INCLUDE A COPY OF YOUR IRS 501 (C) 3 DETERMINATION LETTER ☐ ATTACHED
10. VEHICLE FOR HIRE: CERTIFICATE OF LIABILITY INSURANCE (MINIMUM \$300,000) FOR EACH VEHICLE & CERTIFICATE OF REGISTRATION WITH SC OFFICE OF REGULATORY STAFF. Contact SC ORS with questions ors.sc.gov or 803-737-0800 ☐ ATTACHED
11. THE APPLICATION MUST BE SIGNED BY THE OWNER, OFFICER OR MANAGING MEMBER OF THE BUSINESS
12. \$10.00 NON-REFUNDABLE APPLICATION FEE – A CHECK MAY BE SUBMITTED WITH THE APPLICATION OR CAN BE PAID WHEN REMITTING PAYMENT FOR THE BUSINESS LICENSE. THIS IS SEPARATE & IN ADDITION TO THE FEE FOR THE BUSINESS LICENSE ☐ ATTACHED

SUBMITTING YOUR APPLICATION

Your application may be submitted by mail, email, or in person - all submission details are at the top of page 1. Once your application is received, it will be reviewed for accuracy and completeness. You will be notified via email if any required documents are missing or if any additional information is required. Please note that all businesses located within the Town limits, as well as all food trucks, must go through the approval process, which may take up to 10 business days. After your application has been reviewed and approved, you will receive the Business License Payment form via email, along with instructions on how to submit payment. Payment is due within 10 business days of receiving the payment form.