

1122 Dills Bluff Road James Island, SC 29412/ PO Box 12240 James Island, SC 29422 Office: (843) 795-4141/ revenuecoll@jamesislandsc.us

Town of James Island

BUSINESS LICENSE APPLICATION

TYPE or PRINT(PLEASE PRINT CLEARLY)

Federal Tax ID:	SSN:	SC Dept. of Revenue ID:	
Legal Name of Business:			
Doing Business As:			
Mailing Address:			
E-Mail Address:			
Account Payable Phone:		Fax:()Cell	:()
Business Classification:	Class: N.A.I.C.S. Classific	cation Code: Sub Class: (00

Business Office Location Address:			
Location E-Mail:			
Location Phone:			l:()
***********			**********
Owner Name(s):			
Type of Business:			
Location's Property Identification Numb	er:		
Is this business located within the Town			
If the business described herein was in o	peration at another location or wit	h different ownership prior to opening	at the location listed above, include:
Prior Business License Number	; Prior Busine	ss Location Address:	
and; Prior Owner(s):			
What is the estimated "Gross Income" th	is business is expected to generate	e between the date of this application a	nd the end of the current Business License
Year (December 31st)?			
********	******* Applicant Certification	*********	*****
I (we) do hereby certify that the informati without any unauthorized deductions. I a with before the requested license(s) can be	ım aware that all ordinances relatiı	and that the gross receipts are accurate ng to the Building, Electrical, Plumbing	ly reported, or estimated for a new business g, Fire and Zoning Codes must be complied
Signature of Applicant(s):			
Date:	T	itle:	
**********	***********	**********	******
Received:		ate:	

WE ACCEPT CHECKS, MONEY ORDERS, CASH OR CREDIT THERE IS A CONVENIENCE FEE OF \$2.00 FOR CREDIT CARDS CHECKS OR MONEY ORDERS SHOULD BE MADE PAYABLE TO THE TOWN OF JAMES ISLAND

REVISED:07/10/18