



**TOWN OF BLUFFTON
NEW BUSINESS LICENSE APPLICATION**

Business License
PO Box 386
20 Bridge Street Bluffton, SC 29910
Phone (843)706-4501
Email: businesslicense@townofbluffton.com

COMPANY INFORMATION

Company Name: _____
DBA (Doing Business As, if different than Company Name): _____
Business Activity Description: _____

Date the business opened in Town of Bluffton or work began in the Town of Bluffton: _____
Estimated Annual Gross Income: _____

PHONE/ADDRESS INFORMATION

Business Phone: _____ Company Website: _____
Company Email: _____

Physical Address Street/Suite Number _____ City _____ State _____ Zip _____
Mailing Address Street/Suite Number _____ City _____ State _____ Zip _____

Are you a Home Occupation located in the Town? YES* _____ NO _____ **If yes, a home occupation application must be submitted.*

APPLICATION FEES* (if starting after 11/1 fees are half cost)

INTOWN \$50.00

OUT OF TOWN \$100.00

* See: <https://www.townofbluffton.sc.gov/pdfs/neighborhoods.pdf> to verify business address (in town vs. out of town)

OWNERSHIP INFORMATION

Name(s) of Owner(s), Partnership(s), and/or Principal(s): _____
(Please Check One) Corporation _____ Partnership _____ LLC _____ Non-Profit _____ Sole Proprietorship _____ Other _____
(Please Complete One) Federal Tax ID# _____ (OR) Social Security# _____
Contact Person: _____ Phone: _____ Email: _____

IF APPLICABLE TO YOUR BUSINESS:

I. SC DEPARTMENT OF LABOR, LICENSING AND REGULATION # _____
(General Contractor, Home Builders, Specialty, Real Estate, Cosmetology, Physicians, Fire/Alarm, etc.)

<https://www.llr.sc.gov/>

II. SC RETAIL # _____
- A copy of your SC Retail License is required if applicable to business type.

<https://www.dor.sc.gov/>

ADDITIONAL INFORMATION

Will you sell prepared meals, food, or beverages? ___Yes*___No _____ *if yes, business is subject to Hospitality Tax (2%) remitted monthly. -
Please include completed supplemental application and copies of DHEC, Retail License, ABL (if applicable)

Will you rent Accommodations (90 days or less)? ___Yes*___No _____ *if yes, business is subject to Accommodations Tax (3%) remitted on a monthly basis -
Please visit: https://dor.sc.gov/resources-site/publications/Publications/AccommodationsTax_Handout.pdf to see if accommodations and/or retail license is required.

(Please reverse to complete)

ALL BUSINESS LICENSES ARE VALID FOR 1 YEAR BEGINNING MAY 1ST AND EXPIRING ON APRIL 30TH. RENEWAL NOTICES ARE MAILED IN FEBRUARY AND PENALTIES WILL BE ASSESSED FOR PAYMENTS RECEIVED AFTER **APRIL 30TH. IN THE EVENT YOU DO NOT PLAN TO CONTINUE DOING BUSINESS WITHIN THE TOWN OF BLUFFTON, PLEASE CONTACT OUR OFFICE TO CLOSE YOUR ACCOUNT.**

BUSINESSES OPERATING WITHOUT A VALID BUSINESS LICENSE ARE SUBJECT TO PENALTIES AND FINES OF UP TO \$1092.50. EACH DAY OF BUSINESS CONDUCTED WITHOUT A LICENSE IS CONSIDERED A SEPARATE OFFENSE. A BUSINESS MAY BE ASSESSED A 5% PENALTY FOR EACH MONTH OR PORTION THEROF FOR OPERATING WITHOUT A TOWN BUSINESS LICENSE.

I DO HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT. I AM FAMILIAR WITH THE PENALTY PROVISIONS OF THE ORDINANCE AND THE GROUNDS FOR REVOCATION OF THE LICENSE, INCLUDING MAKING FALSE OR FRAUDULENT STATEMENTS IN THIS APPLICATION. I CERTIFY THAT ALL BUSINESS PERSONAL PROPERTY TAXES DUE AND PAYABLE TO THE TOWN/COUNTY HAVE BEEN PAID, AND THE ABOVE BUSINESS NAME IS THE SAME AS REPORTED ON DOCUMENTS FILED WITH THE STATE AND FEDERAL GOVERNMENTS. I UNDERSTAND MY BUSINESS TAX RETURNS AND OTHER DOCUMENTS MAY BE INSPECTED BY THE TOWN OF BLUFFTON TO VERIFY GROSS INCOME OR OTHER BUSINESS DATA.

SIGNATURE/AUTHORIZED REPRESENTATIVE

PRINTED NAME & TITLE

DATE