



City of Folly Beach

21 Center Street

PO Box 48

Folly Beach, SC 29439

APPLICATION FOR BUSINESS LICENSE

Business Name _____ Date _____

If Rental Property Business, Please List Address _____

Applicant's Name _____ State License # _____ Exp. Date _____

Applicant's Mailing Address _____ City _____ State _____ Zip _____

Applicant's Contact Information: Business _____ Cell _____ Home _____

Fax _____ Email _____

FEDERAL EIN OR OWNER'S SOCIAL SECURITY NUMBER _____

TYPE OF BUSINESS _____

TOTAL gross receipts for previous calendar year or if NEW business, estimate gross receipts for current year
FOLLY BEACH GROSS RECEIPTS ONLY.

GROSS RECEIPTS \$ _____ IS THIS A NEW BUSINESS? _____

I accordance with the Business License Ordinance of the City of Folly Beach, South Carolina, I hereby make application for a Business License.

Applicant: _____

OATH OF APPLICANT

PERSONALLY appeared before me, _____, who being duly sworn, states that the above information, on which the business license is based, is true and correct, that he is in a position to know the information required and that he is authorized to make such application.

SWORN to me this _____ day of _____, 20_____

Notary Public for South Carolina
My Commission Expires: _____

DO NOT WRITE BELOW THIS LINE

TYPE: _____

Base Fee: _____

_____ 1,000 X _____ = _____

Subtotal: _____

Penalty: _____

Total Fee: _____

CLASS: _____

Special Requirements: _____

License Computed by: _____

License # Issued: _____

Date Issued: _____

(PLEASE NOTE: Use reverse side for comments.)

INSTRUCTIONS

PLEASE COMPLETE APPLICATION AND FAX OR MAIL TO:

FAX NUMBER: (843) 588-2004

MAILING ADDRESS: CITY OF FOLLY BEACH
BUSINESS LICENSE DEPT.
PO BOX 48
FOLLY BEACH, SC 29439