



TOWN OF SANTEE

BUSINESS LICENSE APPLICATION

P.O. Box 1220 (Municipal Way) | Santee, SC 29142 | Ph: 803.854.2152 | Website: www.townofsantee-sc.org

Please read and print legibility and provide accurate information Any change to business information (business name, owner(s), location, mailing address, telephone number, etc.) is required to be reported to the Business License Office within 10 business days of said changes. Business license is non-transferrable. New Businesses must obtain a business license prior to beginning operation. Business licenses expire on April 30th each year. Renewals after April 30th will incur a penalty. The late payment penalty is 5% per month. Your business license must be visibly posted on the premises. Contractors must maintain a copy on-site.

BUSINESS INFORMATION

Application Type: [] New [] Renewal [] Ownership Change [] Name Change [] Change of Hours

[] Out of Business (Closing Date): [] Other:

Corporate Name:

Business Name (Doing Business As): Open Date:

Business Type: [] Sole Proprietor [] LLC [] LLP [] LP [] Corporation [] Nonprofit Organization (501(C)3 IRS letter required)

Business Activity/Type:

Gross Receipt: \$

Federal ID/SSN: State Retail Sale # NAICS Code:

Mailing Address:

Physical Address: [] Inside Jurisdiction [] Outside Jurisdiction

Contact Name & Title:

Contact Phone: Ext. Alternate Phone:

Fax: Email:

OWNER OR PRINCIPAL(S) INFORMATION

Owner or Principal (s) Name(s), Title(s): SSN #:

Owner or Principal (s) Name(s), Title(s): SSN #:

Driver's License# (Attach Copy): State: Expiration Date:

Mailing Address:

Work Phone: Ext. Cell Phone:

Fax: Email:

Registered Agent Name & Mailing Address:

JOB PROJECT INFORMATION (Contractors Only)

Project Start Date: Estimated End Date:

Project Location (Address): Tax Parcel #:

Project Type: [] New Construction [] Renovation [] Other:

General Contractor Name:

State Contractor License # (Attach Copy): State: Expiration Date:

Master/Specialty License # (Attach Copy): State: Expiration Date:

Job Contact Name: Phone:

Gross Receipt: \$

OTHER INFORMATION

<input type="checkbox"/> Yes <input type="checkbox"/> No	Buying an existing construction business? <i>If yes, purchased business name:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Business leasing space to another business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will this business sell beer, wine, and/or liquor? If yes, provide a copy of the DOR liquor license?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Change of use to building?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Erecting a new sign?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Home occupation? Business operating out of a residence?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Independent Contractors (Form 1099)? <i>If yes, list name(s):</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Leasing Property? <i>If yes, landlord name and address:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Restrictive covenants? <i>If yes, provide copy.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you sell prepared meals, food, and/or beverages? Hospitality tax remittance is required.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Business offers less than 30 day accommodations? Local [Santee] Accommodation Tax remittance required. Department of Revenue Accommodation License required for 90 days or less rentals. State Accommodation License #

APPLICATION CERTIFICATION

- I hereby certify that all information provided is true and correct to the best of my knowledge and that the gross revenue is accurately reported or estimated for new business without any unauthorized deduction.
- I certify that assessments, delinquencies and personal property taxes dues to the jurisdiction are fully paid.
- I understand that providing false or fraudulent information may result in penalties, business license revocation and/or prosecution to the fullest extent possible.
- I am aware of and understand the Town of Santee's requirements and codes, and the issuance of a business license is contingent upon strict and consistent compliance with all requirements.
- I understand that failure to comply with these requirements may result in business license revocation as well as other compliance and legal efforts.
- I also understand and authorize the Town of Santee and its agents to utilize all information on this application to ensure that all other federal, state, and local laws are complied with.
- The proposed activity is not contrary to, is not prohibited by, and does not contradict any recorded covenant.
- I understand that the Town may post a neon-colored sign in window notifying public of non-renewal of business license and place business name on website/social media platforms.

Applicant Name (<i>Print</i>):	Signature:
Title:	Date:

FOR OFFICE USE ONLY

Calendar Year:	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit/Debit Card	Receipt No.
Comments:		
Approve? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Business license #:	Rate class:	
Rate base rate: \$	Every \$1,000 after: \$	
Amount due fee: \$	Penalties: \$	Total: \$
Decal required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cost/each: \$	Total: \$
Receipt amount paid: \$	Date paid:	
Staff name:	Signature:	Date: