



BUSINESS INFORMATION

business name: _____

dba (if different): _____

provide NAICS code OR describe your business activity:

business type: sole proprietor partnership corporation
 LLC incorporated non-profit other

contact person: _____

title or position: _____

business phone #: _____

cell phone #: _____

e-mail: _____

mailing address: _____

city / state / zip: _____

Fed EIN # or SS #: _____

*SC sales tax ID #: _____

**SC state license #: _____

*for retail businesses
**include copies of relevant state licenses held by you or the business

AGENCY INFORMATION

IRS	irs.gov	800-829-4933	federal tax ID number
DOR	sctax.org	843-852-3600	retail sales tax & ABC
DHEC	scdhec.gov	843-846-1030	health inspections
LLR	llr.state.sc.us	803-896-4300	state contractor license

PURPOSE

the business will be working a one-time project:

project street address: _____

completion date: _____

the business will operate year-round and will establish a permanent physical location within the City:

property address: _____

property owner: _____

owner's phone/email: _____

the business will operate year-round, but will not establish a permanent physical location within the City

PAYMENT CALCULATION

Need help with this?

Refer to the BL Calculation Worksheet for New Businesses or contact Cynthia Oliver at 843-784-2231 or coliver@hardeevillesc.gov

- enter the **gross income**: _____
for **new businesses**, estimate a figure thru December 31, 2023
If the physical address is within the city limits, provide an estimate for all gross income generated; if address is not in the city only estimate gross revenue accrued in the city limits
for **one-time projects**, provide total contract amount and submit a copy of the contract
- enter the **initial base tax** : _____
to determine your class & rate **refer to calculation sheet**
- enter the **per one-thousand tax**: _____
if line 1 is \$100,000 or less, leave blank
If line 1 is over \$100,000, **refer to calculation sheet**
- enter any **penalties**: _____
\$100 to \$250 may be levied for unlicensed businesses
- life safety inspection fee, if applicable _____
- tiered reduction, if applicable _____
refer to calculation sheet
- add lines 2 - 5; subtract 6, if applicable _____
total due for **business license tax**: _____

APPLICATION CERTIFICATION

Please Note: A government-issued photo ID from the business owner or a location's head manager is required for all new applications.

I have completed this form to the best of my knowledge and authorize the City of Hardeeville to process this application and review the submittal according to all governing standards. I acknowledge that the City reserves the right to require additional information if requested.

Signature: _____

Date: _____

If paying by credit/debit card, please go to hardeevillebl.govtportal.com to access the payment portal if you know the amount to pay OR you may include form A (credit card authorization). There is a 3% convenience fee.