



205 E. Main Street PO Box 609 29927
(843) 784-2231 office (843) 784-6384 fax

2010 New Business License Application

Is business in or out of city limits? _____

Home Occupation? _____
(If yes, complete home occupation documents)

Application Date: _____ Business Name: _____

Physical Address:

Mailing Address: _____
Address City State Zip

Address City State Zip

Business Phone _____ Fax: _____ Email _____

If in city, Name of Property Owner: _____ Parcel # _____

Sole Proprietor Corporation Partnership LLC Incorporated Number of employees: _____

Fed Tax ID or SS #: _____ SC State Sales Tax #: _____ SC State License #: _____

Name of Business Owner: _____ Cell Phone: _____

Contact Person: _____ Cell Phone: _____

Please provide description of the primary function of the business being performed in the City of Hardeeville:

Computation of license fee

Estimate Gross Income: \$ _____

(Estimate from date of this application until December 31, 2010-for City of Hardeeville ONLY)

Base fee (\$0 - \$100,000) \$ _____

Add \$ _____ per \$1000 over \$100,000 \$ _____

Total License Fee \$ _____

For One-Time Project

Project Gross Income: \$ _____

(Actual income received from project. Please provide copy of contract.)

Base fee (\$0 - \$100,000) \$ _____

Add \$ _____ per \$1000 over \$100,000 \$ _____

Total License Fee \$ _____

Target Completion Date: _____ Project Name: _____

Project Address: _____

I certify that all information given on this application is true and correct.

Print Name Signature Title

For Office Use ONLY					
<input type="checkbox"/> State license	<input type="checkbox"/> Zoning	<input type="checkbox"/> Fire	<input type="checkbox"/> Building	<input type="checkbox"/> Tax Map #	<input type="checkbox"/> Taxes paid
NAICS Code _____	Rate Class _____	Business Type _____			