

TOWN OF PORT ROYAL BUSINESS LICENSE APPLICATION
P.O. DRAWER 9
PORT ROYAL SC 29935-0009
(843) 986-2209

For Office Use Only	In Town Business
Date Requested: _____/_____/_____	Emergency Contact Name and Number
Date Issued: _____/_____/_____	Key hold #1 _____
Business/Acct. #: _____	#2 _____
License #: _____	#3 _____

Name of Business/Address of Business: _____

Phone Number of Business: () - _____

Physical Address of Business _____

Name/Address of Owner of Business: _____

Phone Number of Owner of Business: () - _____

Check One: Business in the Town of Port Royal Business Outside the Town of Port Royal

Check One: Single Ownership Partnership Corporation **Number of Employees:** _____

Description of Business: _____

Fed. ID #: _____ **S.C. Tax #:** _____ **S.S. #:** _____

D.L. #: _____ **State:** _____ **Exp. Date:** _____ **Date of Birth:** _____

State Contractors License #: _____ **Contracted Amount: \$** _____

Health Certificate #: _____ **Signature:** _____ **Date:** _____

DO NOT WRITE IN THIS SPACE--OFFICE USE ONLY

New Renew **Zoning District:** _____ **NAICS #:** _____ **SIC #:** _____

Business Class: _____ **Gross Income Reported: \$** _____

Flat Rate (\$0 to \$2,000): \$ _____ **Per Additional \$1,000 (each \$1,000 over the initial \$2,000):\$** _____

License Fee: \$ _____