

Council

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Planning

Operating a Short- Term Rental in the Town of Port Royal

Requirements for an approved Business License:

- A completed Beaufort County Affidavit for Business Personal Property Tax signed by the Beaufort County Auditor
- A completed standardized business license application
- The appropriate business license fee
- An approved safety inspection
- Short Term Rental Agreement

The Process

- Verify property is in a district that is currently accepting new Short Term Rental Properties
- Complete and return the Standardized Business License Application along with the attached Beaufort County Affidavit form (Beaufort County Auditor's office located at 100 Ribaut Rd)
- Provide the application for a safety permit using the building permit application attached, provide a detailed escape plan and pictures of the exterior of your building.
- Once the safety application is approved, a \$30.00 fee will be required for the safety permit.
- Use the attached safety checklist to verify your building is ready for an inspection. (Please do not call in an inspection if the checklist items aren't complete)
- Return to the Business License Official with an approved safety inspection

You cannot rent your property until you have a Port Royal Business License, the above process must be complete to receive a license



Short Term Rental Agreement specifying the following:

1. Minimum Stay
2. The maximum number of guests shall be based on the number of beds in the Short-Term Rental. If the dwelling is an entire residence, the maximum number of adult guests is two per bedroom, plus 1. For Accessory Dwelling Units (ADU), the maximum number of guests is limited to 4 plus 2, regardless of number of available bedrooms.
3. The number of parking spaces provided.
4. That the Town's noise ordinance applies between 10:00 pm – 7:00 am
5. Prohibit large gatherings of 25 individuals or more
6. Pets, if permitted, may not be left outside unattended. Pets and owners must comply with the Town of Port Royal and Beaufort County Animal Control ordinances.



PORT ROYAL BUSINESS LICENSE DEPARTMENT
P.O. DRAWER 9 **PHONE: 843-986-2209**
PORT ROYAL, SC 29935 **EMAIL: AHEWITT@PORTROYAL.ORG**
WWW.PORTROYAL.ORG

Rental Accounts Only

Legal Name of Business (or owners name): _____
 DBA - Doing Business As: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Business Phone: _____ - _____ - _____ Cell: _____ - _____ - _____
 E-mail Address: _____ Other Phone: _____ - _____ - _____
 Emergency Contact (should be different than above): (Name,phone,email) _____

Date Start Renting : ____/____/____ LONG TERM SHORT TERM
 Ownership Type: SOLE PROPRIETOR CORPORATION PARTNERSHIP LIMITED LIABILITY COMPANY
 Address of Rental Property: _____

FEIN # ____ - ____ - ____ Social Security # ____ - ____ - ____
 Driver License # _____ State Issued _____ Expires: _____

Property Owner _____ TITLE _____
 Property Manager _____ TITLE _____

Is this business an affiliate of a holding or parent company? Y___ N___ If YES, name of parent company _____
 Is property located within an HOA? Y___ N___ (if yes, please provide signed HOA form)

Please complete this section ONLY if this property is Short Term Rental

(STAFF USE ONLY)

a. Previous Year or Current Year Estimated Gross Revenue		a.
b. Business License Tax (minimum rate for first \$2,000 in revenue)		b.
c. Additional gross divided by 1,000 x (incremental rate)		c.
d. Calculated license Tax (add lines a thru line c)		d.
e. Credit card Fee		e.
f. Total License Tax Due (add lines d & e)		f.

AS OWNER, OFFICER, PRINCIPAL OR MANAGING MEMBER OR AUTHORIZED AGENT, BY MY SIGNATURE BELOW, I AFFIRM UNDER OATH THAT ALL OF THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, THAT I AM IN COMPLIANT WITH ALL TOWN, STATE AND FEDERAL REGULATORY REQUIREMENTS AND THAT I HAVE THE AUTHORITY TO MAKE THIS APPLICATION. I AFFIRM UNDER OATH THAT ALL ASSESSMENTS, TAXES, FEES, AND PERSONAL PROPERTY TAXES DUE AND PAYABLE TO THE TOWN AND COUNTY HAVE BEEN PAID. I AFFIRM UNDER OATH THAT I WILL MAINTAIN ACCURATE CONTACT INFORMATION FOR RESPONSIBLE PERSONS ON FILE WITH THE TOWN AND THE COUNTY. I UNDERSTAND THAT THE TOWN ORDINANCE PROVIDES PENALTIES AND LICENSE REVOCATION FOR MAKING FRAUDULENT STATEMENTS ON THIS APPLICATION. I HEREBY ACKNOWLEDGE THAT IF MY BUSINESS COLLECTS GROSS PROCEEDS FROM THE LEASE/RENTAL OF SLEEPING ACCOMMODATIONS TO THE SAME PERSON (S) FOR A PERIOD OF LESS THAN 90 DAYS, I WILL COLLECT AND REMIT LOCAL ACCOMMODATIONS TAX IN ACCORDANCE WITH TOWN ORDINANCES. APPLICATION MUST BE SIGNED BY OWNER, OFFICER OR PRINCIPAL MANAGING MEMBER. BUSINESSES OPERATING WITHOUT A VALID BUSINESS LICENSE ARE SUBJECT TO PENALTIES AND FINES. A BUSINESS MAY BE ASSESSED A 5% PENALTY FOR EACH MONTH OR PORTION THEREOF FOR OPERATING WITHOUT A TOWN BUSINESS LICENSE. ADDITIONALLY, BUSINESSES MAY BE SUBJECT TO A \$1087.50 MUNICIPAL SUMMONS.

Print Name: _____ Signature: _____ Date: ____/____/____

(STAFF USE ONLY)

DATED ACCEPTED: _____	STAFF NAME: _____	HOA: _____	NAICS: _____
VERIFIED: ID: _____	PERSONAL PROPERTY TAX FORM: _____	LOCAL ATAX _____	



Beaufort County Auditor
Post Office Box 458
Beaufort, South Carolina 29901-0458
Phone 843-258-5434
BeaufortCountyAuditor@bcgov.net

**Beaufort County Affidavit For Business Personal Property Tax
For Merchant Or Service "Furniture, Fixtures & Equipment"**

**No County Or City Business License (New / Renewal) Can Be Issued Without Proof Of Paid
Business Personal Property Tax Or This Affidavit Signed By The Beaufort County Auditor**

South Carolina Code of Law § 12-37-970

Please Type or print the below information

DATE BUSINESS STARTED: _____

CORPORATE NAME: _____
"As listed on the Business License"

BUSINESS NAME OR D/B/A: _____

BUSINESS OWNER NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

**PHYSICAL LOCATION
OF BUSINESS:** _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

**TYPE OF BUSINESS OR
SERVICE PROVIDED:** _____

SERVICE ORIENTED BUSINESS **or RETAIL (sales tax) BUSINESS**

Social Security Number or Federal employer Tax ID Number (FEIN) _____

BUSINESS LICENSE# _____

Is this Business License due to you renting a second home? YES OR NO

FORM COMPLETED BY: _____ **DATE:** _____

FOR COUNTY USE ONLY

- () **EXEMPT**
- () **PAID (SEE ATTACHED PAID TAX RECIEPT)**
- () **APPLIED DATE FIRST (1ST) TAX BILL DUE:** _____

BEAUFORT COUNTY AUDITOR'S SIGNATURE: _____

IMPORTANT: ALL APPLICABLE BLANKS MUST BE COMPLETED TO PROCESS

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HOA COMPLIANCE FORM FOR BUSINESS LICENSE

A Business License Application has been received for an occupation within your Subdivision. Provided below is the physical address of the occupation and the type of business.

In the event that the subject property for which the business license may be issued is subject to any applicable covenants, restrictions, declarations, rules, easements, or otherwise, the Applicant shall be solely responsible for compliance. The Town of Port Royal shall not be responsible for compliance with or the enforcement of any aforementioned covenants, restrictions, et.al.

Physical Location

Name of Subdivision: _____

Street Address: _____

City: _____ Zip Code: _____

District Map Parcel: _____

Type of Business

Business Activity: _____

HOA BOARD MEMBER (AUTHORIZED)

TITLE

HOA DESIGNEE SIGNATURE

DATE



***This is not an all-inclusive list; items may vary based on the condition of the property* SHORT-TERM RENTAL**

AGREEMENT The Town of Port Royal has come to an updated Short-Term Rental agreement with VRBO & EVOLVE allowing them to remit accommodation taxes on behalf of homeowners. However, we will only be able to verify their payment on your behalf with the monthly submittal to the Town Hall of the local Accommodations Tax Form with a printed-out report of local Accommodations taxes break down paid on your behalf through the third-party website listing. This is something that is accessible to all third-party website users and is required to be submitted monthly with the accommodation tax form to the business license administrator.

As a reminder, ATAX forms are required to be submitted by all short-term rental business owners by the 20th of each month or you will be subject to a fee. All submissions will be verified by reports from VRBO or EVOLVE.

I, _____ (Name) with _____
(Business name) understand that as a Short-Term Rental Business owner I am required to submit monthly accommodations taxes to the Town of Port Royal and agree to pay/report my fees by the 20th of each month or I will be subject to a 10% penalty for each month not remitted by the 21st thereafter.

SIGNATURE

TODAY'S DATE



COOL. COASTAL. FAR FROM ORDINARY.

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LOCAL ACCOMMODATIONS FEE

Business Name/Address _____ Account Number: _____
Month: _____ Year _____

Computation of Fee

Table with 5 rows: 1. Gross Proceeds of sales covered by Accommodation Fee, 2. Fee due (Line 1 x 3%), 3. Penalty (10% if not received by the 20th of the month following report month), 4. Additional penalties (10% on the 21st of each month thereafter until paid), 5. Total Accommodations Fee & Penalty Due

NOTE: Payment is due on or before the 20th of the month following the "Sales" month shown above. A 10% penalty shall be added on the 21st day of each month following that date until paid.

I hereby certify, under penalty of Law, that the "gross proceeds of sales covered by Accommodations Fee" shown above accurately reflects the total proceeds to which the fee is applicable for the period covered by this report.

Signature _____

Print Name _____ Telephone _____ Date _____



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REQUIREMENTS FOR A SAFETY INSPECTION

- 1. Building permit application with thorough description of the business.**
- 2. Floor plan of the space. It should mirror how you plan to use it.**
 - a. Be dimensioned and legible.**
 - b. Label the use of each room.**
 - c. Must show all exits and restrooms.**
 - d. Total square foot of space.**
 - e. If in a strip center, indicate what businesses they are adjacent to.**
- 3. Thorough description of the business.**

Safety Inspection Checklist

Please use this checklist to verify you're ready for an inspection **BEFORE** you call the inspection line.

- Mounted Escape Plan w/ Access to Electrical Panel instructions
- Contact List
- Non- Emergency Number
- Mounted Fire Extinguisher
- Stairs, Handrails, Guard Rails are structurally safe and in good working order
- Operable egress window in each bedroom
- Smoke Detectors
 - In each bedroom
 - In the immediate vicinity outside each bedroom
 - On each floor level
- Carbon Monoxide Detector if there is an attached garage or fuel burning appliance
 - Installed on each level of the home
- GCFI protected receptacles
 - Outdoors, bathrooms, kitchens, within 6' of a sink
- Hot Water not exceeding 140 degrees Fahrenheit. Hot water heaters must have proper safety devices
- Bathroom exhaust system is working properly

This is not an all-inclusive list; items may vary based on the condition of the property



Permitting Department
 700 Paris Avenue
 Port Royal, SC 29935
 (843) 986-2215
 permits@portroyal.org

RESIDENTIAL BUILDING PERMIT APPLICATION

Project Information	
Parcel ID Number:	Zoning District:
Project Address:	
Pursuant to Section 6-29-1145 of the South Carolina Code of Laws, is this tract or parcel restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The owner of this property is aware of and has authorized the proposed work as described in this application: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant / Contractor	Property Owner
Name:	Name:
SC State License Number:	Email:
Port Royal License Number:	Phone:
Email:	Mailing Address:
Phone:	
Address:	
<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Change of Occupancy/Safety <input type="checkbox"/> Renovation/Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Other: _____	
Total Project Cost:	
Number of Stories:	Total Lot Sq. Ft.:
New Sq. Ft.:	New Impervious Sq. Ft.:
Existing Sq. Ft. (if applicable):	Existing Impervious Sq. Ft.:
Total Gross Sq. Ft.:	Pervious Sq. Ft.:
New Garage: <input type="checkbox"/> Attached <input type="checkbox"/> Detached Total Sq. Ft.: _____	
Type of Heating: <input type="checkbox"/> Gas <input type="checkbox"/> Electric	
Type of A/C: <input type="checkbox"/> Central <input type="checkbox"/> Window	
Type of Sewage: <input type="checkbox"/> BJWSA <input type="checkbox"/> Septic No.	
Type of Water: <input type="checkbox"/> BJWSA <input type="checkbox"/> Well	
Scope of Work (Describe in Detail): <div style="background-color: #ffff00; padding: 2px; display: inline-block;">SAFETY INSPECTION</div>	
Applicant Signature:	Date:
<small>*Official Use Only*</small>	<small>Application No.</small>

Street Name	District Id
10TH ST	1
10TH ST	2
11TH ST	1
11TH ST	2
12TH ST	1
12TH ST	2
13TH ST	1
13TH ST	2
14TH ST	1
14TH ST	2
15TH ST	1
15TH ST	2
16TH ST	1
16TH ST	2
16TH ST EXT	3
17TH ST	2
18TH ST	2
6TH ST	2
7TH ST	2
8TH ST	1
8TH ST	2
9TH ST	1
9TH ST	2
ADMIRATION AVE	5
APPLETON RD	1
ASH ST	5
ASHTON OVERLOOK DR	5
ASHTON POINTE BLVD	5
ASHWOOD CIR	5
BACKWATER ST	5
BATTERY CREEK CLUB DR	5
BATTERY LN	5
BATTERY PARK DR	4
BAYNARD RD	5
BAYVISTA DR	5
BEAUREGARD CT	5
BEEBURST RD	5
BELL DR	4
BELLA WAY	5
BELLEVIEW BLF	5
BELLEVIEW CIR E	5
BELLEVIEW CIR N	5
BELLEVIEW CIR W	5

BERKELEY CIR	1
BINAKE CT	5
BITTIE CIR	5
BOYDS NECK CT	5
BRADFORD CT	5
BRASSTOWN WAY	5
BRIARWOOD LN	5
BROAD RIVER BLVD	5
BROAD RIVER DR	5
BROAD RIVER VILLAGE DR	5
BULL LN	5
CAMILLE LN	5
CAMP SAXTON WAY	3
CANDIDA DR	5
CAROLINA VILLAGE CIR	5
CASABLANCA CIR	4
CASTLE ROCK RD	5
CASWELL AVE	5
CATAWBA WAY	5
CEDAR CREEK CIR	5
CEDARBROOK ST	5
CEDARWOOD ST	5
CHAUGA ST	5
CHESAPEAKE BAY RD	5
CHESTER DR	4
CHESTNUT ST	5
CHINQUAPIN ST	5
CHRISSY DR	4
CLARK LN	5
CLEAR WATER WAY	5
CLEARWATER BLUFF CT	4
CLEVELAND DR	5
CLEVELAND RD	5
COCKLE LN	5
COLUMBIA AVE	1
COMBAHEE WAY	5
COMMONS CIR	5
COMMONS LN	5
CONGAREE WAY	5
COOSAWHATCHIE WAY	5
COQUINAS CT	5
COQUINAS LN	5
CORD GRASS LN	5
COTTONEYE CT	5

COTTONEYE LN	5
COURTLAND ST	4
CYPRESS ST	5
DANTE CIR	5
DARRAH WAY	5
DAWSON PL	3
DEE DEE DR	4
DOGWOOD ST	5
DOWLINGWOOD DR	5
DRAYTON DR	4
DUCK BLIND WAY	2
DUCK BRANCH CT	5
EAGLE POINTE LN	5
EDINBURGH AVE	1
EDITH LN	5
EL SUENO	2
ENOREE WAY	5
FORKS OF IVY LN	5
FORT FREDERICK BOAT LNDG	3
FORT FREDERICK CIR	3
FORT FREDERICK CT	3
FORT FREDERICK LN	3
FREDERICK PLACE CIR	3
FULWOOD LN	5
FYALL ST	4
GABRIEL SNIPE PL	3
GAIL ST	5
GAUTIER LN	5
GAUTIER PL	5
GEN POLLACK CSWY	5
GLORY RD	5
GOLLIHUGH ST	5
GRAFTON DR	5
GRANDE OAKS	5
GRANT ST	5
GREAT BEND DR	5
GREEN FAMILY DR	5
GREEN POINTE LN	5
GREEN POND DR	5
GREEN POND RD	5
GREENWAY CT	3
GRINKLEY CT	4
GROBER HILL RD	5
HAMRICK DR	5

HARBISON PL	5
HE SMALLS CT	4
HERON WAY	5
HICKORY ST	5
HIGH TIDE DR	5
HILLSIDE CT	4
HILLSTEAD LN	2
HORNSBOROUGH CT	5
INDIGO WOODS CT	4
INTEGRA WHARF DR	5
ISLAND PINES DR	4
JEFFERSON DR	5
JEM LN	2
JOHNNY MORRALL CIR	4
JOLENE DR	5
JUDE WAY	5
KADER ST	5
KATHERINE CT	5
KEOWEE LN	5
KIAWAH DR	5
KIERAN LN	5
KINGS CROSS CT	5
KINGSWORTH LN	4
LADYS ISLAND DR	4
LAGAREE CT	5
LAKE MELTON ST	5
LANIE DR	4
LAUREL ST	1
LEGEND DR	5
LENORA DR	4
LH NELSON DR	5
LONDON AVE	2
LOTTERY LN	3
LUCILLE PL	3
LUELLA ST	5
MADRID AVE	1
MAGNOLIA BLUFF CIR	5
MAGNOLIA ST	5
MALECON DR	5
MARINA BLVD	5
MARINA VILLAGE LN	5
MARINERS CT	4
MARSHELLEN DR	5
MASCARO LN	4

MAULDIN CT	5
MIDDLECREST PL	4
MIDTOWN DR	5
MISSION WAY	5
MORNING MIST DR	5
N PARIS AVE	4
N RICHMOND AVE	4
NARCISSUS LN	4
NEW HORIZON DR	4
OAK HILL TER	4
OAK VIEW DR	5
OLD FORT RD	3
OLD GRINKLEY PL	4
OLD SHELL CT	3
OLD SHELL RD	2
OLD SHELL RD	3
ORANGE CT	4
PACOLET LN	5
PALMETTO RIDGE ST	5
PARIS AVE	1
PARIS AVE	2
PARIS AVE W	1
PARRIS ISLAND GTWY	5
PATRIOT CT	5
PEACOCK RUN	5
PENNYROYAL WAY	5
PINCKNEY MARSH LN	5
PINCKNEY RETREAT	5
PLOVER WAY	5
PONVERT DR	5
PORT ROYAL LANDING DR	4
PRESERVE AVE E	4
PRESERVE AVE W	4
PRESNELL CIR	5
PRINCE WILLIAM DR	4
PROFESSIONAL DR	4
RAHN LN	4
RIBAUT RD	1
RIBAUT RD	4
RIBAUT RD	5
RIBBON CT	5
RICHMOND AVE	2
RIDENOUR PL	4
RINKIE RD	5

RITTER CIR	1
RIVERCHASE BLVD	5
RIVERSIDE DR	4
RIVERWIND DR	4
RIVULET ST	5
ROBERT SMALLS PKWY	5
ROBINSON ST	4
ROCKVILLE WAY	5
ROOSEVELT AVE	5
ROSE ST	4
ROSEMONT AVE	4
ROUGH RIVER RD	5
ROYAL PALMS RD	4
SALUDA WAY	5
SANDRA DR	5
SANDS BEACH RD	2
SAVANNAH HWY	5
SCIPIO RD	5
SENECA WAY	5
SERGEANTS DR	4
SHADOW MOSS DR	5
SHALLOP LN	5
SHAWN DR	4
SHELL CREEK DR	5
SHELL PARK CIR	5
SHELL POINT RD	5
SHELL POINT RECREATION PARK	5
SHIPWRIGHT CIR	4
SHIPWRIGHT CT	4
SMILAX AVE	4
SMITHS DUAL LN	4
SOMMER LAKE DR	5
SOUND WAY	5
SOUTHSIDE BLVD	4
STONO CT	5
STORAGE RD	5
STUART TOWNE LN	3
STURDEVANT DR	5
STURDEVANT LN	5
SUNDOWN BND	5
SUTCLIFFE DR	4
TAMARA LN	2
TANGLEWOOD DR	5
TERRY LEE DR	4

TOXAWAY LN	5
TUGALOO DR	5
TWIN OAKS LN	4
VAIGNEUR RD	4
VENUS LN	4
WACCAMAW WAY	5
WADDELL RD	4
WALNUT ST	5
WANDO PL	5
WATEREE CT	5
WAYSIDE LN	5
WESTVINE DR	4
WHELK RD	5
WHITE POND BLVD	5
WHITEWATER WAY	5
WILLIS WAY	2
WILLOW POINT RD	5
WINDSONG RD	5
WINYAH WAY	5
WRIGHTS POINT CIR	5
WRIGHTS POINT DR	5
WRIGHTS POINT LN	5

