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Town of James Island

BUSINESS LICENSE APPLICATION

TYPE or PRINT

Federal Tax ID: _____ SSN: _____ SC Dept. of Revenue ID: _____

Legal Name of Business: _____

Doing Business As: _____

Mailing Address: _____

E-Mail Address: _____

Account Payable Phone: (____) _____ Fax:(____) _____ Cell:(____) _____

Business Classification: Class: _____ N.A.I.C.S. Classification Code: _____ Sub Class: 00

 Business Office Location Address: _____

Location E-Mail: _____

Location Phone: (____) _____ Fax:(____) _____ Cell:(____) _____

 Owner Name(s): _____

Type of Business: _____

Location's Property Identification Number: _____

Is this business located within the Town of James Island? (circle one) YES or NO

If the business described herein was in operation at another location or with different ownership prior to opening at the location listed above, include:

Prior Business License Number _____; Prior Business Location Address: _____

and; Prior Owner(s): _____

What is the estimated "Gross Income" this business is expected to generate between the date of this application and the end of the current Business License Year (December 31st)? _____

***** **Applicant Certification** *****

I (we) do hereby certify that the information given in this application is true and that the gross receipts are accurately reported, or estimated for a new business, without any unauthorized deductions. I am aware that all ordinances relating to the Building, Electrical, Plumbing, Fire and Zoning Codes must be complied with before the requested license(s) can be issued.

Signature of Applicant(s): _____

Date: _____ Title: _____

Received: _____ Date: _____

**WE ACCEPT CHECKS, MONEY ORDERS, CASH OR CREDIT
 THERE IS A CONVENIENCE FEE OF \$2.00 FOR CREDIT CARDS
 CHECKS OR MONEY ORDERS SHOULD BE MADE PAYABLE TO THE
 TOWN OF JAMES ISLAND**