



1238-B Camp Road
James Island, SC 29412/
PO Box 12240
James Island, SC 29422
Office: (843) 795-4141/
Fax: (843) 795-4878
www.jamesislandsc.us

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 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:** _____