

TOWN OF EDISTO BEACH
 2414 MURRAY STREET
 EDISTO BEACH, SC 29438
 843-869-2505

APPLICATION FOR BUSINESS OR PROFESSIONAL LICENSE

FOR THE YEAR 2011

1. NAME OF BUSINESS			Please make any necessary corrections to the supplied information.
PHONE NUMBER	CELL NUMBER	EMERGENCY CONTACT NUMBER	2. Class TYPE OF BUSINESS LICENSE
3. PHYSICAL LOCATION OF BUSINESS			NAICS
EMAIL ADDRESS _____			CLASS TYPE
<p><i>GROSS RECEIPTS for Edisto Beach in 2010: \$ _____ (*Round up to next highest thousand)</i> <i>Or anticipated gross receipts for 2011</i></p>			

Rate: Base fee: \$ _____ for the 1st \$2,000.00 of gross receipts and \$ _____ for each additional \$1,000. 00 of gross receipts.

TOTAL LICENSE FEE: \$ _____

I (We) do hereby certify that the amount returned as TOTAL GROSS receipts from my business or profession as reported herein is true and correct, and that I am familiar with the town ordinance providing for penalties and revocation of my (our) license for making false or fraudulent statements in this application.

(Signed) _____
APPLICANT

<p>TOWN OF EDISTO BEACH 2414 MURRAY STREET EDISTO BEACH, SC 29438 843-869-2505</p> <hr style="width: 50%; margin: 10px auto;"/> <p>Please return form with payment to the address listed above</p>	<p>FOR OFFICE USE ONLY</p> <p>License No _____</p> <p>License Fee _____</p> <p>Penalty _____</p> <p>Total _____</p> <p>Date Issued _____</p>
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