

# TOWN OF HOLLYWOOD, SC

## Business License Application

6278 Highway 162, PO Box 519, Hollywood, SC 29449 Office 843-889-3222 - Fax 843-889-3636

**EXPIRES JUNE 30, 2018**

NEW  RENEWAL  HOME OCCUPATION

CLASSIFICATION:

RATE CLASS:

RATE CLASS & FEE SCHEDULE: ROUND UP TO NEAREST THOUSAND. ITINERATE RATE APPLIES FOR OUT OF TOWN (DOUBLE FEE)			GROSS INCOME	LICENSE FEE	PENALTY: 10% per month	TOTAL
1	\$50 for 1st \$2K	\$1.05 per additional \$1K				
2	\$50 for 1st \$2K	\$1.30 per additional \$1K				
3	\$50 for 1st \$2K	\$1.55 per additional \$1K				
4	\$50 for 1st \$2K	\$1.80 per additional \$1K				
5	\$50 for 1st \$2K	\$2.05 per additional \$1K				
6	\$50 for 1st \$2K	\$2.30 per additional \$1K				
7	\$50 for 1st \$2K	\$2.55 per additional \$1K				
8	\$75 for 1st \$2K	\$1.10 per additional \$1K				

**Declining Rate Applies In All Classes For Gross Income In Excess Of \$1,000,000**

\$1-2 Mill 90%	\$2-3 Mill 80%	\$3-4 Mill 70%	Over \$4 Mill 60%
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BUSINESS NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

*Include City, State & Zip Code*

MAILING ADDRESS: \_\_\_\_\_

*Include City, State & Zip Code*

TELEPHONE NUMBER: ( ) \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

FEDERAL ID# or LAST 4 OF SS#: \_\_\_\_\_

State Contractor License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(Contractor) Cost of Job \$ \_\_\_\_\_

Address: \_\_\_\_\_ Lot No. \_\_\_\_\_

(New) Anticipated Gross Income \$ \_\_\_\_\_

Last Year's Gross Income \$ \_\_\_\_\_

Number of Pool Tables \_\_\_\_\_ at \$5.00 each Fee due: \_\_\_\_\_

Number of Coin Operated machines \_\_\_\_\_ at \$12.50 each Fee due: \_\_\_\_\_

**Attach all that applies:**

Authorization to use property by owner  Copy of State Issued Identification

Copy of State Contractors License  Copy of reported gross income

Permit Authorization Letter

**I do solemnly swear that the provided information is, to my knowledge, accurate.**

Applicant Print \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\* FOR INTER-OFFICE USE ONLY - APPROVAL \*\*\*

TMS# \_\_\_\_\_ Zoning: \_\_\_\_\_

Town Official Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_