

TOWN OF HOLLYWOOD, SC

Business License Application

5150 Highway 165, PO Box 519, Hollywood, SC 29449 Office 843-889-3222 - Fax 843-889-3636

EXPIRES JUNE 30, 2020

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 _____