



TOWN OF ATLANTIC BEACH
 Business License Division
 717 30th Avenue S.
 Atlantic Beach, SC 29582
 843-663-2284

**Business License
 Application**
 Remit by mail to:
 PO Box 5285
 N. Myrtle Beach, SC 29597

BUSINESS INFORMATION:

Use this form for **1st-time APPLICATIONS** only

Legal Name: _____	Owner Name: _____
Trade Name: _____	Owner Phone: _____
Physical Address: _____	Contact Name: _____
Mailing Address: _____	Contact Phone: _____
City, State, Zip: _____	Business Phone: _____
E-mail: _____	SS or FEIN #: _____
State License #: _____	Contractor: _____ 333 _____ 555
Group #: _____	Expiration Date: _____

A photocopy of State issued licenses and permits must accompany the application.

LICENSE FEE CALCULATION:

DESCRIBE THE NATURE OF THE BUSINESS TO BE CONDUCTED WITHIN THE TOWN:

_____ Gross expense estimate for year one

_____ Anticipated Start Date

The initial business license fee will be calculated by the Town of Atlantic Beach. The license will be issued upon receipt of the license fee payment.

FOR OFFICE USE:	
License #:	_____
Processed By:	_____
Date:	_____
Hospitality Fee	Yes ___ No ___
License Fee	_____
Penalty Fee	_____
Total Due	_____

By my signature below, I affirm the following

- ◆ I am the owner or an authorized agent for the business.
- ◆ All of the information stated on this form is true and correct to the best of my knowledge.
- ◆ I understand making false or fraudulent statements may result in penalties and/or license revocation.
- ◆ The town will be notified promptly of contact changes and changes in ownership.
- ◆ All assessments, taxes and fees owed to the town have been paid.
- ◆ The business will not employ any person who fails to meet identity and employment eligibility requirements to work in the United States.

Signature: _____

Date: _____

Name: _____

Title: _____