



THE TOWN OF KIAWAH ISLAND
 4475 BETSY KERRISON PKWY,
 KIAWAH ISLAND, SC 29455
 (843)768-9166

APPLICATION FOR BUSINESS LICENSE
DUE PRIOR TO MARCH 1st

If no longer doing business in the Town of Kiawah Island, a final return must be filed. Please call the business license office for assistance.

LICENSE YEAR 2018

New Renewal
 Update Final Return

AVOID PENALTIES
All renewals must be received within our office no later than Feb. 28th of license year. A 5% penalty per month will be assessed on all renewals received after this date.

NAME: _____
 ADDRESS: _____
 SUITE/APT: _____
 CITY: _____ STATE: _____ ZIP: _____
 KIAWAH ADDRESS: _____
 EMAIL ADDRESS: _____

Account Number: _____
 Phone: _____
 Business Class: 7
 NAICS Code: 7007
 Description: PROPERTY RENTALS
 Contact Person: _____
 Tax ID or SSN: _____
 Ownership Type: _____

Calculation of license fee based on rate schedule

Minimum for Gross Receipts not exceeding \$2,000
 On each additional \$1,000.00 or fraction thereof between \$2,001 and \$1,000,000
 On each additional \$1,000.00 or fraction thereof between \$1,000,001 and \$2,000,000
 On each additional \$1,000.00 or fraction thereof between \$2,000,001 and \$3,000,000
 On each additional \$1,000.00 or fraction thereof between \$3,000,001 and \$4,000,000
 On each additional \$1,000.00 or fraction thereof greater than \$4,000,001

GROSS RECEIPTS	RATE	FEE
_____	85.00	_____
_____	3.05	_____
_____	2.75	_____
_____	2.44	_____
_____	2.14	_____
_____	1.83	_____

*****PLEASE ROUND UP TO THE NEAREST THOUSANDTHS IN GROSS RECEIPTS COLUMN TO CALCULATE FEES**

SUB-TOTAL _____
 LATE PAYMENT (5% per month after March 1st) _____
 Prior Balance _____
 TOTAL LICENSE _____

Warning: Gross receipts reported must be actual, not estimated amounts. This application is subject to audit and deficiencies due to inaccurate data are subject to a 5% per month penalty.

The Gross amount above is correct to the best of my knowledge and belief

Signature _____ Title _____ Date _____

KIAWAH GROSS SALES _____ • _____
 PENALTY _____ • _____
 TOTAL AMOUNT DUE _____ • _____
 NUMBER OF VEHICLES _____