

**Town of Kiawah Island**

**Rental Permit Application Packet  
(RAP)**

**Business License Year: 2018**

This packet is to be completed by the owner or authorized agent in accordance with Ordinance Article 15, Chapter 8.

## Rental Business License Application General Information

- All forms within this Rental Permit Application Packet shall be completed in their entirety, submitted, and approved before a property is rented.
- All owners renting their property for more than two (2) weeks annually are required to obtain a business license with the Town of Kiawah Island.
- Business license fees are based on gross revenue, except for new business license applications. New business license application fees are based on a minimum fee of \$85.00.
- Owners who rent privately, and also through an agency, are required to have two (2) business licenses. One license is for the private rental and one license is for the agency rental.
- Owners who wish to have an agent complete the Rental Permit Application Packet shall be required to submit the “Rental Business License – Agent Authorization Form” included in this packet. Owners who do have an agent do not need to complete the “Rental Business License – Agent Authorization Form”.
- The “Business License Application” shall be completed for new rentals and for renewals.
- The “Business License Application” for renewals are due on January 1<sup>st</sup>, and must be received before March 1<sup>st</sup>, or a 5% per month will be assessed and added to the renewal fee.
- The “Rental Information Sheet” is required to be posted in the rental unit in a conspicuous location.
- The “Rules and Regulations” are required to be posted in the rental unit, and shall be provided to the person renting the unit at the time of the rental contract or agreement.
- If a property is no longer rented, the owner must notify the Town of Kiawah Island to close the business license account. If this is not completed, late fees may still be assessed for any business licenses that are left in a lapsed status.
- Residential rentals require remittance of the following taxes:

State Sales Tax	5%	Remitted to the State
State Local Option Sales Tax	1%	Remitted to the State
County Transportation Tax	1%	Remitted to the State
School District/Education Tax	1%	Remitted to the State
State Accommodation Tax	2%	Remitted to the State
County Accommodation Tax	2%	Remitted to the County
Local Accommodation Tax	1%	Remitted to the County
<b>Total</b>	<b>13%</b>	

The owner can designate their agent to collect and remit these taxes, the property owner is ultimately responsible for the proper payment of these taxes. Failure to comply with the provisions could result in penalties and interest charges.

For questions, forms, or additional information concerning the taxes please contact:

Charleston County Revenue Collection Department	843-202-6080
State of South Carolina Department of Revenue	843-898-5223

If you have any questions or concerns about the Rental Permit Application Packet, please feel free to contact the Town of Kiawah Island at 843-768-9166 or [onlinepermits@kiawahisland.org](mailto:onlinepermits@kiawahisland.org)

# Rental Business License – Agent Authorization Form

I/We, the owner(s) of: \_\_\_\_\_,  
*(Town of Kiawah Island Rental Unit Address)*

hereby authorize \_\_\_\_\_,  
*(Rental Agent)*

to complete the Town of Kiawah Island Rental Permit Application Packet, for as long as said agency represents this property.

\_\_\_\_\_  
Owner Signature                      Print Name                      Date

\_\_\_\_\_  
Owner Signature                      Print Name                      Date

\_\_\_\_\_  
Owner Signature                      Print Name                      Date

# Rental Information Sheet

**THIS FORM MUST BE COMPLETED AND POSTED IN A CONSPICUOUS LOCATION WITHIN THE RENTAL UNIT**

Rental Property Address: \_\_\_\_\_  
*(Street #, Unit #, Street Name)*

Rental Property Phone#: \_\_\_\_\_

## Owner or Rental Agent

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

24-Hour Phone #: \_\_\_\_\_

## Rental Property Information

Maximum Overnight Occupancy: \_\_\_\_\_  
*(Children under two years of age are exempt from total)*

Maximum Vehicle Parking: \_\_\_\_\_

Location of Trash Container: \_\_\_\_\_

Location of Additional Storage: \_\_\_\_\_

# Rental Business License – Residence Data Sheet

Rental Property Address: \_\_\_\_\_  
*(Street #, Unit #, Street Name)*

Rental Property Phone#: \_\_\_\_\_

Note: If no changes were made over the last 2 (two) years to the property owner, authorized agent, or rental property (which includes additional bedrooms, parking, solid waste collection location, etc.) or any other changes affecting the business license approval, and this form has already been submitted with the original Rental Permit Application Packet, you may skip to the "Rental Property Information" portion of this form.

## Property Owner(s) Information

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
*(Street #, Unit #, Street Name, City, State, Zip Code)*

## Authorized Agent Information (if applicable)

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

24-Hour Phone #: \_\_\_\_\_

Alt. Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
*(Street #, Unit #, Street Name, City, State, Zip Code)*

## Rental Property Information

Number of Bedrooms: \_\_\_\_\_

Maximum Overnight Occupancy: \_\_\_\_\_  
*Calculated as 2 occupants, plus an additional 2 occupants per each bedroom*

Number of Garage Bays: \_\_\_\_\_

Garage Vehicle Capacity: \_\_\_\_\_

Driveway Vehicle Capacity: \_\_\_\_\_

# Rental Business License – Acknowledgment Form

Rental Property Address: \_\_\_\_\_  
*(Street #, Unit #, Street Name)*

Business License #: \_\_\_\_\_

Review the statements below and initial on the space provided if the statements are accurate. If the statements are not accurate, you will need to take the necessary steps to correct them, prior to submitting this form.

- All solid waste (garbage) collection fees have been paid in full and there are no delinquencies on the account for the rental unit. \_\_\_\_\_
- The “Agent Authorization Form” has been completed, if applicable. \_\_\_\_\_
- The property has not been modified in any way which would affect the rental business license approval? This would include any items listed under Town of Kiawah Island Ordinance Chapter 8, such as additional bedrooms, altered parking areas, relocated solid waste container location, etc. \_\_\_\_\_

By signing this form, you are acknowledging that the information provided is accurate.

\_\_\_\_\_  
Owner or Authorized Agent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

# Rental Rules and Regulations

## General

- Rental Property must have current "Twice Weekly" solid waste (trash) service.
- Maximum overnight occupancy is calculated at two (2) occupants, plus an additional two (2) occupants per each bedroom.  
*Example: a two-bedroom rental would be permitted 6 overnight occupants.*
- Parking must be off-street, in a garage, driveway, or driveway bump-out.
- Vehicles prohibited from parking include: recreation vehicles, buses, trailers, boats, trucks great than ½ ton, vans greater than 12 passenger, and other large vehicles.
- If you are staying in a villa or condo, parking is limited to the designated parking lot for the complex.
- No grills are permitted in multi-family units. Electric grills may be permitted with prior approval.
- Fires, or fireworks are not permitted
- No swimming or wading at Captain Sam's Inlet
- Vehicles are not approved on the beach unless prior approval has been granted.
- No pedestrian traffic is permitted in or on the sand dunes.
- Pets must be leash/lead when outside of the unit and owners are responsible to pick up after their pets. The Town has a designated area East of the Beach Club where pets may be off a leash. Please see the signage on the beach for dates the regulations are in effect.

## Storage

- Bicycles, beach gear, and other items, must be stored in an enclosed garage or a screened enclosure.
- Bicycles may be located outside, provided they are placed in bicycle racks where provided, or parked neatly within the property
- No articles of clothing, towels, or similar items shall be draped over deck railings, chairs, or stored in a way this is visible beyond the property line.

## Lighting

- Outdoor lighting facing seaward in beachfront units shall be turned off from 9:00pm to 7:00am, from May 15<sup>th</sup> through October 31<sup>st</sup>.
- Outdoor lighting for all other dwellings shall be turned off from 11:00pm to 7:00am daily, except for essential safety lights.

## Noise

- Town of Kiawah Ordinance Article 15, Chapter 15, Section 15-306 – Prohibited Noise. The intent is to minimize and loud and/or unnecessary noise of such character, intensity, and/or duration as to annoy, disturb, injure, and/or endanger the comfort, repose, health, peace, or safety of others with the Town of Kiawah Island limits. Of particular concern are loud audio and video broadcasts, dogs barking, and late-night parties. Sound that is audible beyond the real property boundaries of the unit where the sound originates from, is prohibited between the hours of 11pm and 7am daily. Commercial generators, chiller units, and other mechanical equipment are prohibited for residential use.



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

**APPLICATION FOR BUSINESS LICENSE  
 DUE PRIOR TO MARCH 1<sup>st</sup>**

**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. 28<sup>th</sup> 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	_____
SUB-TOTAL		_____
LATE PAYMENT (5% per month after March 1st)		_____
Prior Balance		_____
TOTAL LICENSE		_____

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

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	KIWAH GROSS SALES	<table border="1" style="width: 100%; height: 20px; text-align: center;"> <tr> <td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td> </tr> </table> • <table border="1" style="width: 20px; height: 20px; text-align: center;"> <tr><td> </td></tr> </table>											
Title	PENALTY	<table border="1" style="width: 100%; height: 20px; text-align: center;"> <tr> <td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td> </tr> </table> • <table border="1" style="width: 20px; height: 20px; text-align: center;"> <tr><td> </td></tr> </table>											
Date	TOTAL AMOUNT DUE	<table border="1" style="width: 100%; height: 20px; text-align: center;"> <tr> <td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td> </tr> </table> • <table border="1" style="width: 20px; height: 20px; text-align: center;"> <tr><td> </td></tr> </table>											
	NUMBER OF VEHICLES	<table border="1" style="width: 30px; height: 20px; text-align: center;"> <tr> <td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td> </tr> </table>											





The Town of Kiawah Island  
4475 Betsy Kerrison Pkwy,  
Kiawah Island, SC 29455  
(843) 768-9166

## **New Business License Fact Sheet**

**Owner's Name:**

**Name of Business:**

**Address of Business:**

**What County is your business located in:**

Choose an item.

**Business Email:**

**Phone Number:**

**Type of Business:**

Choose an item.

**Other:**