

**License Due**  
**May 15<sup>th</sup>**  
 Penalty Applies 5% Monthly

**HORRY COUNTY BUSINESS LICENSE DEPARTMENT**

Post Office Box 419, Longs, South Carolina 29568  
 Telephone (843) 399-5431 Fax (843) 399-5552

Assigned I D # \_\_\_\_\_  
 7/1/00  
 Keyed by \_\_\_\_\_

**APPLICATION FOR ANNUAL BUSINESS LICENSE CALENDAR YEAR \_\_\_\_\_**  
**Business License Will Be Issued/Mailed Subject To Approval**

New License    Renewal    Report Additional Gross Income    Amended Form    Change Ownership    Change Location

Pursuant to Section 4 of Ordinance # 88-99 (as amended) of Horry County, South Carolina, a separate license shall be required for each place of business **and** for each classification type of business conducted at one place.

**PLEASE - PRINT ALL INFORMATION - ANSWER ALL APPLICABLE QUESTIONS**

Name of Business \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_  
 Single Owner \_\_\_\_\_ Co-Partnership \_\_\_\_\_

Mailing Address \_\_\_\_\_ Business Phone # \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax # \_\_\_\_\_

Type of Business \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Physical Address of Business: \_\_\_\_\_ Resident Business \_\_\_\_\_ Non-Resident Business \_\_\_\_\_  
 (Contractors - Site location) (Outside Horry County)

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

FEDERAL ID # \_\_\_\_\_ SID # \_\_\_\_\_ SS # \_\_\_\_\_

S C State Retail License # \_\_\_\_\_ S C State Contractor Lic # \_\_\_\_\_ Group # \_\_\_\_\_  
 (Copy of License Required)

Name of individual responsible for license (OWNER): \_\_\_\_\_ Phone # \_\_\_\_\_

Corporation Name \_\_\_\_\_

Is the business located within the limits of a municipality? \_\_\_\_\_ If so, which one? \_\_\_\_\_

**Start date of business in Horry County** (Month, day and year required) (M) \_\_\_\_\_ (D) \_\_\_\_\_ (Y) \_\_\_\_\_

Do you intend to sell fireworks at your business? Y \_\_\_ N \_\_\_ If Yes, my State Board of Pyrotechnic Safety License # \_\_\_\_\_  
 (Issued by Clerk of Court Office)

Tax map number of property (Where business is located) \_\_\_\_\_ Name of property owner \_\_\_\_\_

Is this business conducted out of your Home? Y \_\_\_ N \_\_\_ If yes, the **Home Occupation Form** (see back side) must be read, signed and dated.

<p><b>CONTRACTORS</b>  <b>Reported Gross Income - Is From Prior Year.</b>  <b>Reported Gross Income - For Current Year Job(s).</b>  <b>If Reporting By Job(s) This Application Is:</b>  <b>The Original Application</b>  <b>To Report Additional Job(s)</b>  <b>My Current License # is _____</b></p>	<p><b>HOSPITALITY</b>  <b>FEE</b>          Y ___ N ___          Acct# _____</p>	<p><b>BUSINESS LICENSE:</b>          SIC Class Code _____ Rate Class _____          (a) Gross Income: \$ _____          (Total Revenue)                      <b>Actual</b>                      <b>Estimated</b>          (b) <u>Minus</u>: Allowable Deduction: \$ _____          (Income reported on line (a) generated outside the unincorporated area reported to another municipality or county on which a license tax is paid.)          (c) Total Gross                      \$ _____          Calculated License Fee                      \$ _____          Amusement /Billiard-Pool Table Fee \$ _____          Total of License Fees \$ _____          Penalty (5% Monthly)                      \$ _____          Transfer Ownership Fees \$ _____  <b>Total License Fee Due \$ _____</b>  <b>-PAYMENT MUST ACCOMPANY APPLICATION -</b>  <b>Make Checks Payable: Horry County Business License Dept</b></p>
<p><b>AMUSEMENT MACHINES</b> Coin Operated          Operator of Machine Y ___ N ___ # of Machines ___          Owner Selling or Leasing Machines Y ___ N ___  <b>Gross Income \$ _____ Fee Due \$ _____</b></p>	<p><b>DO YOU SELL</b>          Beer &amp; Wine          Alcohol</p>	
<p><b>Billiards or Pool Tables</b> - (All Types) Y ___ N ___          If yes, Number of Tables _____          Owner of Tables Y ___ N ___  <b>Gross Income \$ _____ Fee Due \$ _____</b></p>	<p><b>Dealer Sales Lots</b>  <b>Auto, Boat, Motor</b>  <b>Vechl , Farm Mach:</b>          Sales Lot within 500'          of Main          Showroom Y ___ N ___</p>	
<p><b>Bingo</b> Y ___ N ___ If Yes, SC State License # _____  <b>Carnivals and Circuses</b> Y ___ N ___</p>		

I certify under oath that the information given in this license application is true, that the gross income is accurately reported, or estimated for a new business, without any unauthorized deductions, and that all assessments, fees, licenses, property taxes, and any other charges due and payable to the County have been paid. I have obtained County permits and am in compliance with all regulatory codes of Horry County. I understand the County ordinance provides for penalty and license revocation for making false or fraudulent statements on this application.

\_\_\_\_\_  
 SIGNATURE                                      PRINT SIGNATURE                                      TITLE                                      DATE

**HORRY COUNTY BUSINESS LICENSE - ORDINANCE # 88-99 (as Amended)**  
**IMPORTANT INFORMATION**

An Horry County Business License is required of every person engaged or intending to engage in any calling, business, occupation or profession within the **unincorporated areas (outside the city limits)** of Horry County and is required to pay the required annual license fee. The business license year will be from **January 1<sup>st</sup>** of the current year to **December 31<sup>st</sup>** of the ensuing year. The required license fee shall be paid on each business type in accordance with the U S Office of Management and Budget Standard Industrial Classification Code (SIC) assigned by the County and the applicable rate class as specified by the Horry County Business License Ordinance # 88-99 (as amended) on or before the **Fifteenth Day of May** in each year. A separate application / license shall be required for each place of business **and** for each classification type of business conducted at one place. New businesses shall be required to have a business license prior to operation in the County. Please **mail** your completed Business License Application **along with payment** to the address shown on the front. Upon approval your Business License will be mailed back to you. Until your County Business License is issued (or upon notification of denial) a business can operate under proof of application payment in full (cancelled check along with a copy of the completed business license application form - or has obtained a requested payment receipt from Horry County).

The Horry County Business License shall be displayed on the original form provided by the County in a conspicuous place in the business establishment at the location address shown on the license. A transient or nonresident shall carry the license upon his person or in vehicle used in the business readily available for inspection by an authorized agent of the County.

**“Gross Income”** Total revenue of a business, received or accrued, for one calendar year collected or to be collected from business done within the **unincorporated area** (outside the city limits) of the County, except income from business done wholly outside the unincorporated area of the County on which a license tax is paid to some municipality or a county and fully reported to the County. When gross income cannot be separated from different classification types at one location, the license fee shall be computed on the combined gross income for the classification requiring the highest rate.

The license fee based on gross income shall be computed on the gross income for the preceding calendar or fiscal year. A business in operation less than one year shall be computed on gross income based on a twelve-month projected income based on the monthly average. The fee for a new business shall be computed on the estimated probable gross income stated in the license application for the balance of the license year. No refund of any license fee will be granted due to annexation of a business into a municipality during the license year.

**Non-Resident Rates** Nonresident and itinerants having no fixed principle place of business within the County are subject to all minimum fees and rates applicable multiplied by 150 percent.

**Denial of License** A license may be denied to an applicant when the application is filed incomplete, contains a misrepresentation, has a false or misleading statement, contains evasion or suppression of a material fact, or when the activity for which a license is sought is unlawful or constitutes a public nuisance. Businesses will be notified in written form of license denials with reasons stated. A decision of the Business License Inspector shall be subject to an appeal.

**Change of Address** A change in address must be reported to the County within ten (10) days after the removal of the business to a new location and the license will be valid at the new address upon written notification of the County and compliance with zoning and building codes. The Tax Map Number of the property (new location of the business) is required. Failure to obtain approval of the County shall invalidate the license.

**Business Sold / Transfer of Ownership** A business license shall not be transferable. Transfer of ownership shall be considered a termination of the old business and the establishment of a new business requiring a new license based on old business income.

**Tax Map Number of Property** For information please call the applicable Horry County Department: For new parcel property call the Mapping Department @ (843) 248-1361 or for existing property parcel call the Zoning Department @ (843) 248-1211.

**ZONING DEPARTMENT**

801 Main Street  
Conway SC 29526  
(843) 248-1211  
(843) 248-1214 Fax

**ZONING REQUIREMENTS FOR A HOME OCCUPATION**

**Business Name** \_\_\_\_\_

- 1.) The use must be conducted entirely within a dwelling and carried on by the occupants.
- 2.) The use shall be clearly incidental and secondary to the use of a dwelling for residential purposes and shall not change the character of the dwelling.
- 3.) No person who is not a resident on the premises shall be employed specifically in connection with the activity except that one assistant may be employed by the home occupations: lawyer, physician, dentist, and chiropractor.
- 4.) No mechanical equipment shall be installed and used except such as is normally used for domestic or professional purposes.
- 5.) No more than twenty-five (25) percent of the total floor space of any structure may be used for home occupations.  
Please note that one (1) home occupation sign is allowed provided it is non-illuminated and no larger than two (2) square feet in area, and it is mounted against a wall of the principal structure unless otherwise prohibited by deed restrictions. A permit is not required for this type of sign.

I understand that violation of any of the conditions will be cause for revocation of the Certificate of Zoning Compliance and the Business License.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*This statement will be forwarded to the Horry County Zoning Department by the Business License Division.*