



**TOWN OF BLUFFTON  
NEW BUSINESS LICENSE APPLICATION**

Business License  
PO Box 386  
20 Bridge Street  
Bluffton, SC 29910  
phone (843)706-4501  
fax (843)706-4503

**COMPANY INFORMATION**

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

DBA: (Doing Business As, if different than Company Name)  
\_\_\_\_\_

Date the business opened or work began in the Town of Bluffton:  
\_\_\_\_\_

Please describe in detail your business: (Retail, Restaurant/Bar, Construction, Professional)  
\_\_\_\_\_

**If a Restaurant or Bar, a Supplemental Business License Application must be submitted**

**PHONE/ADDRESS INFORMATION**

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

Physical Address Street/Suite Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address Street/Suite Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Site Physical Address (if Applicable) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**OWNERSHIP INFORMATION**

Name(s) of Owner(s), Partnership(s), and/or Principal(s): \_\_\_\_\_

(Please Check One) Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Non Profit \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Other \_\_\_\_\_

(Please Complete One) Federal Tax ID# \_\_\_\_\_ (OR) Social Security# \_\_\_\_\_

Owner's Drive Lic. # \_\_\_\_\_ State Issued \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**IF APPLICABLE TO YOUR BUSINESS:**

I. SC DEPARTMENT OF LABOR, LICENSING AND REGULATION # \_\_\_\_\_  
(General Contractor, Home Builders, Specialty, Real Estate, Cosmetology, Physicians, Fire/Alarm, etc.)

II. SC RETAIL # \_\_\_\_\_

- A copy of your SC Retail License is required and DHEC Health Certificate if applicable to business type.

- Does your business prepare food/beverages? If so, you are required to collect and remit a 2% Hospitality Tax (HTAX) quarterly to the Town

III. Does your business rent accommodations for intervals less than 90 days? If so, you are required to collect and remit a 3% Accommodations Tax (ATAX) quarterly to the Town of Bluffton.

**ARE YOU A HOME OCCUPATION  
LOCATED IN THE TOWN OF BLUFFTON?**  
NO\_\_\_ YES\_\_\_  
(If yes, Home Occupation Application required)

**ALL BUSINESS LICENSE ARE VALID FOR THE CALENDAR YEAR AND EXPIRE ON DECEMBER 31ST. RENEWAL NOTICES ARE MAILED IN JANUARY AND PENALTIES WILL BE ASSESSED FOR PAYMENTS RECEIVED AFTER APRIL 30TH. IN THE EVENT YOU DO NOT PLAN TO CONTINUE DOING BUSINESS WITHIN THE TOWN OF BLUFFTON, PLEASE CONTACT OUR OFFICE TO CLOSE YOUR ACCOUNT.**

I DO HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT. I AM FAMILIAR WITH THE PENALTY PROVISIONS OF THE ORDINANCE AND THE GROUNDS FOR REVOCATION OF THE LICENSE, INCLUDING MAKING FALSE OR FRAUDULENT STATEMENTS IN THIS APPLICATION. I CERTIFY THAT ALL BUSINESS PERSONAL PROPERTY TAXES DUE AND PAYABLE TO THE TOWN/COUNTY HAVE BEEN PAID, AND THE ABOVE BUSINESS NAME IS THE SAME AS REPORTED ON DOCUMENTS FILED WITH THE STATE AND FEDERAL GOVERNMENTS. I UNDERSTAND MY BUSINESS TAX RETURNS AND OTHER DOCUMENTS MAY BE INSPECTED BY THE TOWN OF BLUFFTON TO VERIFY GROSS INCOME OR OTHER BUSINESS DATA.

\_\_\_\_\_  
SIGNATURE/AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
PRINTED NAME & TITLE

\_\_\_\_\_  
DATE

**Approval of a Business License does not constitute approval to make any changes to the building or property.  
Separate permits and approval must be obtained prior to any changes  
Please contact the Customer Service Center for additional information 843-706-4522**