

Business License P.O. Box 386 20 Bridge Street Bluffton, SC 29910 Phone (843) 706-4501 Fax (843) 706-4503

| Licensee Information |
|--|
| |
| Business Name: |
| Owner Name: |
| Business Address: |
| City, State, Zip: |
| Business Phone: |
| Description of Business |
| Before issuing a license, the Town of Bluffton must determine that the proposed operation complies with all zoning regulations. In the space below, describe what type of activities you will be conducting through the proposed business. Be as COMPLETE AND SPECIFIC as possible. |
| Does the business have, or intend to apply for an Alcohol license? |
| Will the business involve music or live entertainment? \square Yes \square No |
| If yes, please describe: |
| Will there be an outside seating area, including but not limited to porches, patios, decks? Yes No |
| If yes, please attach proposed seating plans. |
| If outdoor seating is available, will there be entertainment provided, including but not limited to, live music, performances, guest speakers, etc.? Yes No |
| If yes, please describe: |
| |
| For a copy of the Town's Noise Ordinance, visit the link listed below: |
| of a copy of the Town 5 Noise Ordinance, visit the link listed below. |

Please note that any one-time community event or outdoor performances not described on this application, will require an Event Permit.

 $\underline{http//:www.townofbluffton.sc.gov/news/Documents/news.events/2014/noise.control.ordinance.pdf}$

Contact Julie Taylor at 843-540-0225 for further Event Permit details.

| | Sunday | From | Circle One AM/PM | То | Circle One AM/PM | |
|-------------------|--------------|----------------|------------------------|----------------|---|------|
| | Monday | From | AM/PM | То | AM/PM | |
| | Tuesday | From | AM/PM | То | AM/PM | |
| | Wednesday | From | AM/PM | То | AM/PM | |
| | Thursday | From | AM/PM | То | AM/PM | |
| | Friday | From | AM/PM | То | AM/PM | |
| | Saturday | From | AM/PM | То | AM/PM | |
| If yes, | please see | the Customer | Service Dept. for more | information. | | |
| | • | | • | | | NI. |
| WIII U | ne business | use a detached | accessory structure, w | vnetner permai | nent or mobile? | NO |
| If yes | , please des | scribe: | | | | |
| Will a | new sign b | e needed? | Yes No | | | |
| If yes | , a sign per | mit must be o | btained, see the Custo | omer Service | Dept. for the appropriate for | rms. |
| incom | plete infor | mation may r | | | e, correct and complete. I un her understand that false or | |
| Signat | ture of App | licant | | _ | Date | |
| Planning & Zoning | | | | _ | Date | |

Hours of Operation

Approval of a Business License does not constitute approval to make any changes to the building or property. Separate permits and approvals must be obtained prior to any such changes.

Please contact the Customer Service Center for additional information 843-706-4522