BUSINESS LICENSE PAYMENT FORM
CITY OF MYRTLE BEACH, P O BOX 2468, MYRTLE BEACH, SC 29578
PHONE (843) 918-1200 FAX (843) 918-1210
License Year June 1 - May 31

LICENSE TYPE 111 333 444 555 PPP BL # LIC YEAR

BUSINESS NAME: ____________________________

DECALS:
Type A: ____________________
Type B: ____________________
Type BP: ____________________
Limousine: ________________

BL (BUSINESS LICENSE FEE) AMOUNT ____________________
BL (GOING OUT OF BUSINESS) AMOUNT ____________________
BL (ARTIST PERMIT) AMOUNT ____________________
BLD (DELINQUENT LICENSE FEE) AMOUNT ____________________
BLP (BUSINESS LICENSE PENALTY) AMOUNT ____________________
PENALTY MAY GO UP BY 5% IF NOT PAID BY DUE DATE
RBL (BUSINESS LICENSE REFUND) AMOUNT ____________________
FT (FRANCHISE TOW) AMOUNT ____________________
FB (FRANCHISE BOARDWALK) AMOUNT ____________________

TOTAL PAYMENT TENDERED ____________________

**CONTRACTORS ONLY - PLEASE FILL ITEMS BELOW FOR JOBS THAT DO NOT REQUIRE A PERMIT**
**USE FIRST SECTION FOR JOB THAT INCLUDES THE FIRST $2,000 OF GROSS INCOME OF LICENSE YEAR**

Contract Value $ ____________ - $2,000.00 = ____________ X 0.00540 = ____________
BASE FEE FROM APPLICATION/RENEWAL (IF NOT PREVIOUSLY PAID)
+ $230.00 5% PER MONTH LATE PENALTY (IF APPLICABLE) LICENSE SUBTOTAL X % +

Start Date of Job: ____________________
Job Address: ____________________ GC ____________
Project Name: ____________________ Permit # ____________________

Contract Value $ ____________ X 0.00540 = ____________
5% PER MONTH LATE PENALTY (IF APPLICABLE) LICENSE SUBTOTAL X % +

Start Date of Job: ____________________
Job Address: ____________________ GC ____________ TOTAL= ____________
Project Name: ____________________ Permit # ____________________

Contract Value $ ____________ X 0.00540 = ____________
5% PER MONTH LATE PENALTY (IF APPLICABLE) LICENSE SUBTOTAL X % +

Start Date of Job: ____________________
Job Address: ____________________ GC ____________ TOTAL= ____________
Project Name: ____________________ Permit # ____________________

DATE: ____________________ PROCESSED BY: ____________________
**IF YOUR COMPANY IS USING SUB-CONTRACTORS, YOU ARE REQUIRED TO PROVIDE A ROSTER WITHIN 10 DAYS**