

DATE: ____/____/____

BUSINESS LICENSE NUMBER _____

NEW OWNER ADDITION FORM
CITY OF MYRTLE BEACH, P O BOX 2468, MYRTLE BEACH, SC 29578
PHONE (843) 918-1200 FAX (843) 918-1210

Name of Business _____

EACH FIELD WILL NEED TO BE COMPLETED IN ORDER TO HAVE THE BUSINESS LICENSE ISSUED

TAX MAP # _____ PIN # _____

LEGALENTITY (Corporation or LLC etc.) _____

OWNER NAME _____ (LAST) _____ (FIRST) _____ (MIDDLE) _____

OWNER MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

OWNER PHONE NUMBER _____ ALTERNATE PHONE NUMBER (optional) _____

SUBDIVISION / CONDO BUILDING NAME _____

PROPERTY PHYSICAL ADDRESS: _____ UNIT #'S _____

SHORTTERM OR LONG TERM RENTAL _____ RESIDENTIAL OR COMMERCIAL _____

RENTAL COMPANY NAME _____ RENTAL COMP BUSINESS LICENSE NUMBER _____

RENTAL COMPANY PHONE NUMBER _____ RENTAL COMPANY MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ NUMBER OF YEARS ON RENTAL PROGRAM _____

(Short term rentals are all rentals that are 89 days or less and long term rentals are all rentals that are 90 days or longer.)

TAXMAP # _____ PIN # _____

LEGALENTITY (Corporation or LLC etc.) _____

OWNER NAME _____ (LAST) _____ (FIRST) _____ (MIDDLE) _____

OWNER MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

OWNER PHONE NUMBER _____ ALTERNATE PHONE NUMBER (optional) _____

SUBDIVISION / CONDO BUILDING NAME _____

PROPERTY PHYSICAL ADDRESS: _____ UNIT #'S _____

SHORTTERM OR LONG TERM RENTAL _____ RESIDENTIAL OR COMMERCIAL _____

RENTAL COMPANY NAME _____ RENTAL COMP BUSINESS LICENSE NUMBER _____

RENTAL COMPANY PHONE NUMBER _____ RENTAL COMPANY MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ NUMBER OF YEARS ON RENTAL PROGRAM _____

(Short term rentals are all rentals that are 89 days or less and long term rentals are all rentals that are 90 days or longer.)

TAXMAP # _____ PIN # _____

LEGALENTITY (Corporation or LLC etc.) _____

OWNER NAME _____ (LAST) _____ (FIRST) _____ (MIDDLE) _____

OWNER MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

OWNER PHONE NUMBER _____ ALTERNATE PHONE NUMBER (optional) _____

SUBDIVISION / CONDO BUILDING NAME _____

PROPERTY PHYSICAL ADDRESS: _____ UNIT #'S _____

SHORT TERMOR LONG TERM RENTAL _____ RESIDENTIAL OR COMMERCIAL _____

RENTAL COMPANY NAME _____ RENTAL COMP BUSINESS LICENSE NUMBER _____

RENTAL COMPANY PHONE NUMBER _____ RENTAL COMPANY MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ NUMBER OF YEARS ON RENTAL PROGRAM _____

(Short term rentals are all rentals that are 89 days or less and long term rentals are all rentals that are 90 days or longer.)

NOTE: Please make copies of this form and attach as many as necessary. If you have a spreadsheet with this information, feel free to provide your spreadsheet as long as it provides all of the information above. Your business license will not be issued until we have this form completed in its entirety and returned.