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 ____________________________

SHORT TERM 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.)

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.