

ID # _____

NAICS CODE _____

CLASS _____

TOWN OF MOUNT PLEASANT
BUSINESS LICENSE APPLICANT INFORMATION
Please print legibly all available information

Business Name _____

Physical Address _____

City _____ State _____ Zip _____

Business Phone Number _____ Fax _____

Mailing Address _____

City _____ State _____ Zip _____

Web Address _____

Business Activity Description _____

Will you sell prepared meals, food, or beverages? yes or no **If yes, business is subject to hospitality tax**
(Mt. Pleasant Code of Ordinances, Chapter 115)

Will you rent accommodations? (ex. hotel) yes or no **If yes, business is subject to state and local accommodations taxes**
(Mt. Pleasant Code of Ordinances, Chapter 114)

Is business location within Town of Mount Pleasant? yes or no If yes, home based or storefront/office

Retail License No. _____ Federal ID No. _____

Contractor License No. _____ DL No. _____

Owner Name _____
(last name) (first name) (middle initial)

Owner Title _____ Social Security No. _____

Owner Address _____

Owner City _____ State _____ Zip _____

Owner Phone Number/Cell Number _____

Owner Email _____

Contact Person _____ Contact Email _____
(if different from owner)

Notes Tab

Owner Date of Birth _____

Date Business Opened/Started in Mount Pleasant _____

Landlord Name _____

Landlord Address _____ City _____ State _____ Zip _____

Landlord Phone _____

Estimated Gross Receipts from Open Date through 06/30/18 _____

I certify the above information is true and accurate. _____ Date _____
(signature of applicant)