BUSINESS LICENSE PAYMENT FORM

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

☐ NEW
☐ RENEW
☐ UPDATE

LICENSE TYPE ☐ 111 ☐ 333 ☐ 444 ☐ 555 BL# _____ LIC YEAR _____

BUSINESS NAME: _____

DECALS: Type A _____-_____ Type B_____-_____ Type B-Pool _____-_____ Limousine_____-_____

BL **(BUSINESS LICENSE FEE)** **AMOUNT $**_____

DUE DATE:

BLD **(DELINQUENT LICENSE FEE)** **AMOUNT $**_____

_____

BLP **(BUSINESS LICENSE PENALTY)** **AMOUNT $**_____

RBL **(BUSINESS LICENSE REFUND)** **AMOUNT $**_____

_____ **X** _____ **RF** **(REPORT FEE)** **AMOUNT $**_____

TOTAL PAYMENT TENDERED $_____

CONTRACTORS ONLY PLEASE FILL ITEMS BELOW

THIS SECTION FOR JOB OR JOBS TOTALING THE 1ST $2,000.00 OF GROSS

Contract $_____ **- $2,000.00 =** _____ **x 0.00395 = $**_____

Base Fee of $175.00 **on app form**
_____**% Penalty** **$**_____

Renewal with first job total **$**_____

Contract Address:_____ **GC:**_____

Project Name: _____**Permit #**_____

UPDATE

Job _____ Contract $_____ x 0.00395 = $_____ (update) _____ (penalty)

Contract Address:_____ GC:_____

Project Name:____ _____Permit #_____

UPDATE

Job _____ Contract $_____ x 0.00395 = $_____ (update) _____ (penalty)

Contract Address:_____ GC:_____

Project Name:_____ Permit #_____

DATE:_____ PROCESSED BY:_____ REVISED 4/14/10