

City of Myrtle Beach
Commercial Establishment Exemption Application
Hours of Sale Restriction
Sec. 14-1 Subsection (e) (1)

Business Information

Name of Business: _____

Location of Business: _____

Business Contact Number(s): _____

Type of Establishment: Restaurant Restaurant / Bar Nightclub
 Bar Other _____

Applicant Information

Owner Name: _____

Owner Address: _____

Owner Contact Number(s): Home: _____ Cell: _____

Secondary Representative

Owner Name: _____

Owner Address: _____

Owner Contact Number(s): Home: _____ Cell: _____

Please complete the below listed questions.

- (1) Does the establishment possess a license to serve alcohol? Yes No Applicant
If yes, please attach a copy of the valid license(s) and any stipulations as directed by the South Carolina Department of Revenue.

- (2) Does the establishment possess a valid Business License? Yes or No

- (3) What type of “Merchant Education Training Program” has your staff completed?
Mark all that apply:

 TIPS Training PREP ServSafe Other _____

A copy of verification that all employees have completed this training, as required in this ordinance, must be attached.

Please submit the completed application to:

**Myrtle Beach Police Department
Attention: Lt. A. Prock
1101 Oak Street
Myrtle Beach, South Carolina 29577**

Please ensure that you attach the listed documentation as required for this application:

- Copy of Alcohol License(s).
- Copy of all SCDOR stipulations.
- Copy of City Business License.
- Merchant Education Training information.
- If applicable, SLED Certified Security Officer certificates.
- Copy of all security policies.
- Copy of your Business Contact Form.

I hereby affirm that all statements made herein are true and correct to the best of my knowledge. My signature conveys that I have read, understand and agree to all of the statements listed above and provided all required information and documentation.

Signature of Applicant

Date of Application

Name of Applicant (printed)

Sworn to subscribed before me

This ____ day of _____ 20____.

NOTARY PUBLIC FOR SOUTH CAROLINA (L.S.)

My Commission Expires:_____