



# **HOSPITALITY TAX REGISTRATION FORM**

Is this a new business?  New  Existing      Is food your primary business?  Yes  No

### ***Business Information***

- Business Name: \_\_\_\_\_
- Federal Tax ID #: \_\_\_\_\_ SC Sales & Use Tax #: \_\_\_\_\_
- Physical Address: \_\_\_\_\_
- Tax Map Number: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- Date Business Opened: \_\_\_\_\_
- Work Phone: \_\_\_\_\_
- Alternative Phone: \_\_\_\_\_
- Projected Monthly Revenue: \_\_\_\_\_
- DHEC Permit #: \_\_\_\_\_ Is Business Seasonal?  Yes  No

### ***Owner Information***

- Owner \_\_\_\_\_
- Partnership or Corporate Name (If different): \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Fax Number: \_\_\_\_\_
- E-mail Address: \_\_\_\_\_

### ***Hospitality Tax Responsibility***

- Name of Person Responsible for Hospitality Tax Payments: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- Phone: \_\_\_\_\_
- E-mail address: \_\_\_\_\_

### ***Applicant Information***

*I certify that all information on this registration form, including any attachments, is true and accurate.*

Signature of Applicant: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Title of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax this form to:** Budget Management Office at (864) 562-4050 or **Mail to:** Budget Management Office, P.O. Box 5666, Spartanburg, SC 29304