

SPARTANBURG COUNTY LOCAL HOSPITALITY TAX REGISTRATION FORM

Please complete this information in its entirety

Hospitality Tax Division
366 North Church Street Room 900
Spartanburg, SC 29303
(864)596-3202

Business Information

Business Name _____

Business Location _____

Mailing Address _____

Business Phone _____ Business Fax _____

Date Business Opened _____

Reporting Status: _____ Monthly _____ Quarterly _____ Annually

Federal Tax ID# _____ SC sales & Use Tax # _____

Is food your primary business? _____ Yes _____ No

Is business seasonal? _____ No _____ Yes, months operational: _____

Please briefly categorize your business _____

(Examples: Bar and Grill/Café or Diner/Fast Food/Family Restaurant/Ethnic/Convenience Store/Grocery/BBQ, etc.)

Owner Information

Owner or Corporate Name _____

Address _____

Email _____

Phone _____ Cell Phone _____

Hospitality Tax Contact Information

(Complete this section only if contact is not the owner. Ex: Accountant)

Name _____

Mailing Address _____

Phone _____

Email _____

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: _____