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: ________ __________________________________

Revised July 2016