



Hospitality Tax Enrollment Form

This form is for new businesses or businesses not previously enrolled. Every business location requires a separate Enrollment Form.

Is this business brand new? Yes No

Are you buying an existing business? Yes No

If yes, name of purchased business: _____

Is this an existing business enrolling in Hospitality Taxes for the first time? Yes No

Business Information

1. Business Name (as seen by the public): _____

2. Federal ID # or SSN _____ SC Sales & Use Tax #: _____

3. Physical Location _____

4. TMS #: _____ Tax District: _____

5. Mailing Address: _____

6. Date Business Opened: _____ Work #: _____

7. Business License #: _____ Cell #: _____

8. Is business seasonal? No Yes If yes, active months: _____

9. Projected Monthly Revenue (sale of prepared/modified food/beverages only): \$ _____

10. SPECIFIC type of business: _____

11. 2017 NAICS Code: _____ (see <http://www.census.gov/naics/>)

Owner/Principal Information

1. Owner/Principal(s) Name (*no* corporate names): _____

2. Home Address: _____

3. Mailing Address: _____

4. Work #: _____ Cell #: _____ Home #: _____

5. E-mail: _____

Hospitality Tax Contact

Contact Name and Title: _____

Work #: _____ Cell #: _____ Home #: _____

**RICHLAND COUNTY GOVERNMENT
COMMUNITY PLANNING & DEVELOPMENT
BUSINESS SERVICE CENTER**

2020 Hampton Street, Suite 1050, P.O. Box 192, Columbia SC 29202
T 803-576-2287 | F 803-576-2289 | TDD 803-576-2045
bsc@richlandcountysc.gov | richlandcountysc.gov/bsc



E-mail: _____

Business Name (if different): _____

Voucher Forms

- I prefer to pay online or calculate my Hospitality Taxes online and print my voucher forms from online. (<https://www6.richlandcountysc.gov/htaxpaymentvoucher/default.aspx>)
- I prefer to receive paper vouchers for my Hospitality Tax payments.

Applicant Information

Upon penalties of perjury, I certify by my signature below that all information on this application, including any attachments, is true and correct to the best of my knowledge.

Applicant signature: _____

Printed Name: _____

Applicant's Title: _____ Date _____

FOR OFFICIAL USE ONLY

H-Tax Enrollment #: _____ Payment Percentage: _____ Frequency: _____

Payment Vouchers: Picked up Mailed Online Date: _____

Signature of staff: _____ Date: _____