



# County of Greenville Hospitality Tax Registration Form

Forms are available on our website at [www.greenvillecounty.org](http://www.greenvillecounty.org)

Please return forms to: Financial Operations 301 University Ridge Suite N-2400,  
Greenville SC 29601, or email to [hospitalitytax@greenvillecounty.org](mailto:hospitalitytax@greenvillecounty.org)

## Business Information

Date Opened: _____	Estimated Monthly Sales Subject to Hospitality Tax: _____	
D/B/A Business Name _____		
State Retail License Number: _____	Federal ID/SSN: _____	
Physical Location: _____		
City: _____	State: _____	Zip: _____
Business Phone: _____	Fax: _____	

## Owner Information

Owner, Partnership, or Corporate Charter Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Contact Name: _____	Contact Phone: _____	

## Mailing Address for all Correspondence

Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Email Address: _____		

## Hospitality Tax Responsibility

Name of Person or Firm Responsible for Reporting Hospitality Tax: _____	
Contact Name: _____	Phone: _____
Email: _____	
Please print name and state issued ID/DL # & state where issued of all authorized to sign checks for hospitality tax payments.	
1) _____	2) _____
3) _____	4) _____

I Certify that all information on this form is true and correct to the best of my knowledge.	
Signature: _____	Date: _____
Print Name & Title: _____	Phone: _____