**Local Hospitality Tax**

**Change of Information**

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

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### Current Information

D/B/A Business Name: ____________________________________________________________

State Retail License Number: _____________________________ Fed ID/SSN: ____________________________

### Change in Owner/Mailing/Contact Information

Date of Change: ________________________

Owner, Partnership, or Corporate Charter Name: ____________________________________________

Mailing Address: _________________________________________________________________

City: __________________________ State: __________ Zip: ____________________________

Contact Name: __________________________ Contact Phone: ____________________________

Email: ________________________________________________________________

### Change in Filing Status

Change Filing Status to:

___ Monthly - Gross sales of more than $2,500.00 per month

___ Quarterly - Gross sales of $1,250.00- $2,500.00 per month

___ Annually - Gross sales less than $1,250.00 per month

Reason for Filing Status Change: _________________________________________________________

### Business Closed/Sold

Business Sold Date: __________________________ Business Closed Date: ____________________________

New Owner if Sold: _________________________________________________________________

New Owner Address: ________________________________________________________________

### Other Changes:

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I certify that all information on this form is true and correct to the best of my knowledge.

Signature: __________________________ Date: __________________________

Print Name & Title: __________________________ Phone: __________________________