



County of Greenville Hospitality Tax Registration Form

Forms are available on our website at www.greenvillecounty.org

Please return forms to: Financial Operations 301 University Ridge Suite 200,
Greenville SC 29601, Fax to (864) 467-7049 or email to 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: _____ |