

DORCHESTER COUNTY LOCAL HOSPITALITY TAX REGISTRATION FORM



Business Services - Budget & Revenue Division
500 N Main St, Box 3
Summerville, SC 29483
(843) 832-0018

Business Information

Business Name _____

Business Physical Address _____

Mailing Address _____

Business Phone _____

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: _____