



## DORCHESTER COUNTY LOCAL HOSPITALITY TAX EXEMPTION FORM

If your establishment does not sell prepared meals and/or beverages intended for immediate consumption, please complete this form and sign below. Return this form to Dorchester County Government.

**Business Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

*I certify that the above referenced establishment within Dorchester County does not have for sale prepared meals and/or beverages intended for immediate consumption.*

**Signature:** \_\_\_\_\_

**Name/Title of Person Completing Form:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Dorchester County Business Services - Budget & Revenue Division**

**Mail:** 500 N Main St, Box 3, Summerville, SC 29483