

**RICHLAND COUNTY GOVERNMENT
COMMUNITY PLANNING & DEVELOPMENT
BUSINESS SERVICE CENTER**

2020 Hampton Street, Suite 1050, P.O. Box 192, Columbia SC 29202
T 803-576-2287 | F 803-576-2289 | TDD 803-576-2045
bsc@richlandcountysc.gov | richlandcountysc.gov/bsc



office use only

HTax #: _____

Hospitality Tax Enrollment Form

This form is for new businesses or business not previously enrolled. Every business location requires a separate Enrollment Form.

Is this business brand new? Yes No

Are you buying an existing business? Yes No

If yes, name of purchased business: _____

Is this an existing business enrolling in Hospitality Taxes for the first time? Yes No

Business Information:

1. Business Name: _____

2. Doing Business As (if different): _____

3. Federal ID # or SSN _____ SC Sales & Use Tax #: _____

4. Physical Location: _____

5. TMS #: _____ Tax District: _____

6. Mailing Address: _____

7. Date Business Opened: _____ Business License #: _____

8. Work #: _____ Cell #: _____

9. Is business seasonal? No Yes If yes, active months: _____

10. Projected Monthly Revenue (sale of prepared/modified food/beverages only): \$ _____

11. SPECIFIC type of business: _____

12. 2022 NAICS Code: _____ (see <http://www.census.gov/naics/> for assistance)

Owner/Principal Information:

13. Owner/Principal(s) Name (no corporate names): _____

14. Home Address: _____

15. Mailing Address: _____

16. Work #: _____ Cell #: _____ Home #: _____

17. Email: _____

Hospitality Tax Contact Information:

18. Contact Name and Title: _____

19. Work #: _____ Cell #: _____ Home #: _____

20. Email: _____

21. Business Name (if different): _____

Voucher Forms:

- I prefer to pay online or calculate my Hospitality Taxes online and print my voucher forms myself.
(<https://www6.richlandcountysc.gov/htaxpaymentvoucher/default.aspx>)
- I prefer to receive paper vouchers for my Hospitality Tax payments.

Applicant Information:

Upon penalties of perjury, I certify by my signature below that all information on this application, including any attachments, is true and correct o the best of my knowledge.

Applicant Signature: _____

Printed Name: _____

Applicant's Title: _____ Date: _____

FOR OFFICIAL USE ONLY

H-Tax Enrollment #: _____ Owner ID #: _____ Payment Percentage: _____
(also on front of form)

Payment Frequency: Monthly Quarterly Yearly

Payment Vouchers: Picked Up Mailed Online Date: _____

Signature of BSC Staff: _____ Date: _____