



Richland County Business Service Center

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<http://www.rcgov.us/bsc>

HOSPITALITY TAX ENROLLMENT FORM

For new businesses or businesses 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. Federal ID # or SSN _____ SC Sales & Use Tax #: _____

3. Physical Location _____

4. TMS #: _____ Tax District: _____

5. Mailing Address _____

6. Date Business Opened: _____ Work Phone: _____

7. Business License #: _____ Emergency Phone: _____

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

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

10. NAICS Code: _____ (visit <http://www.census.gov/eos/www/naics/>)

Owner Information

1. Owner, Partnership, or Corporate Name: _____

2. Mailing Address: _____

3. Work Phone Number: _____ Fax Number: _____

4. E-mail Address: _____

Hospitality Tax Contact

Contact Name and Title for Hospitality Taxes: _____

Phone: _____ E-mail address: _____

Business Name: _____

Voucher Forms

- I prefer to calculate my Hospitality Taxes online and print my voucher forms from online.
(This is available at www.rcgov.us/bsc, click “Hospitality Tax” on the right, then click “Print Personalized Payment Voucher” on the right.)
- I prefer to receive paper vouchers for my Hospitality Tax payments.

Applicant Information

I certify that all information on this application, including any attachments, is true and correct to the best of my knowledge.

Signature of Applicant _____

Printed Name of Applicant _____

Title of Applicant: _____ Date _____

FOR OFFICIAL USE ONLY		
H-Tax Enrollment #: _____	Payment Percentage: _____	Frequency: _____
Payment Vouchers: <input type="checkbox"/> Picked up	<input type="checkbox"/> Mailed	<input type="checkbox"/> Online
Signature of staff: _____	Date: _____	Date: _____