

Georgetown County, South Carolina
Local Hospitality/Local Accommodation Tax

Annual Business Information Form

Form is to be returned with July Tax Reporting Return.

*****Please print or type*****

Owner, Partnership, or Corporate Charter Name

Business Phone No.

Daytime Phone No.

Trade Name, Doing Business As ("DBA")

Federal Identification No.

SC Sales & Use Tax No.

SSN (If no Federal I.D. No.)

Mailing Address (For All Correspondence) :

Attention Of:

Street or PO Box No.

City

State Zip

Email Address:

Physical Business Location (don't list PO Box) :

Street Address

City

State Zip

Check Type of Business:

Accommodations Hospitality

Main Business (restaurant, convenience store, etc.)

Is Your Business Seasonal? No ___ Yes ___
If seasonal, list the months that are active:

Check Type of Ownership:

<input type="checkbox"/> Sole Proprietor (One Owner) <input type="checkbox"/> Partnership (Two or more Owners) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Personal Service Corporation (PAC) <input type="checkbox"/> Professional Association (PA)	<input type="checkbox"/> Unincorporated Association (list legal name of your Association) <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> Other (explain below) <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>
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List this information for ALL of your Business Owners, Partners, or Officers:

<u>Name</u>	<u>State & Driver's License #</u>	<u>Title</u>	<u>Home Address</u>	<u>Phone No.</u>

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

Signature of Owner, Partner, or Corporate Officer Title Date