



City of Goose Creek Accommodations Tax Registration Form

Business Information

- Business Name: _____
- Physical Address: _____
- Tax Map Number: _____
- Mailing Address: _____
- Date Business Opened: _____
- Work Phone: _____ Alternate Phone: _____
- Federal Tax ID#: _____ SC Sales & Use Tax #: _____
- Rental Properties Located within the City of Goose Creek (use back of form if additional space needed)
 1. _____
 2. _____
 3. _____
 4. _____
- Number of Days Renting (yearly) _____
- Minimum Number of Days Renting (per rental period) _____

Owner Information

- Owner Name: _____
- Partnership Name, Corporate Name or DBA (if different) _____
- Social Security Number (if partnership, sole proprietor) _____
- Mailing Address: _____
- Telephone #: _____ Fax #: _____
- E-mail Address: _____

Contact Information

- Contact Name: _____
- Mailing Address: _____
- Telephone #: _____ E-mail Address: _____

Applicant Certification

I certify that all information on this registration form, including any attachment(s)(if applicable), is true and accurate. The City of Goose Creek has the right pursuant to the SC Debt Collection Act to collect any delinquent sum due through offset of the state income tax refund including all fees.

Signature of Applicant: _____

Printed Name of Applicant: _____

Title of Applicant: _____ Date: _____

Office Use Only: Accommodations Tax # _____