



# City of Goose Creek Hospitality 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 #: \_\_\_\_\_
- DHEC Permit # \_\_\_\_\_
- Are you Seasonal? Yes No
- Is this for a Special Event? Yes No Name of Event(if applicable): \_\_\_\_\_
- Do you File Thirteen SC Sales & Use Tax Returns? Yes No

## ***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: \_\_\_\_\_

## ***Hospitality Tax Responsibility***

- Name of Person Responsible for  
Remitting Hospitality Tax Payments \_\_\_\_\_
- 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: Hospitality Tax # \_\_\_\_\_