RICHLAND COUNTY GOVERNMENT
COMMUNITY PLANNING & DEVELOPMENT
BUSINESS SERVICE CENTER
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Local Accommodation Tax Enrollment Form

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

Is this business brand new? (New to Richland County) ❑ Yes ❑ No

Are you buying an existing business? ❑ Yes ❑ No

If yes, name of purchased business: _____

Is this an existing business enrolling in Accommodations 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. Projected Monthly Revenue (Accommodations only): $_____
10. SPECIFIC type of business: _____
11. 2022 NAICS Code: _____ (see http://www.census.gov/naics/ for assistance)

Local Accommodations Tax Contact Person:

12. Contact Name and Title: _____
13. Work #: _____ Cell #: _____
14. Email: _____
15. Business Name (if different): _____

Voucher Forms:

- ❑ I prefer to pay Local Accommodations Taxes online and do not want printable vouchers. (https://www.richlandcountysc.gov/bsc/renew)

- ❑ I prefer to receive a fillable pdf file to calculate and print paper vouchers suitable for mailing.

  Email address: _____

Applicant Information:

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

Applicant Signature: _____

Printed Name: _____

Applicant's Title: _____ Date: _____