

Mail form to:
Lancaster County
Attn: Hospitality Tax
PO Box 1809
Lancaster, SC 29721

Or E-Mail form to:
hospitalitytax@lancastercountysc.net



Hospitality Tax Information Form

SC Retail Tax # _____ FEI or SSN _____ Opening Date _____

DBA Name _____ Legal Name _____

E-Mail Address _____ Phone Number _____

Street Address of Property _____ City, State, Zip _____

Mailing Address _____ City, State, Zip _____

Please check all that apply:

- Business is not yet open - expected opening date _____;
- Business has closed - provide date closed and attach documentation (i.e., Bill of Sale) _____;
- Business is under new ownership – provide date of sell, name of new owner, and contact information on line below;
- Business does not sell any items subject to this tax - provide type of establishment below;
- Business does sell items subject to this tax;
- Business is NOT located (nor sells taxable items) in the County of Lancaster;
- Business collects more than \$25 monthly but less than \$50 monthly and will remit payments quarterly;
- Business collects less than \$25 monthly and will remit payments annually;
- Other (explain below).

Certification: By signing below, I hereby certify that the above information is true and complete to the best of my knowledge and belief.

Name: (Print) _____ Signature: _____ Date: _____