CHEROKEE COUNTY LOCAL HOSPITALITY TAX REGISTRATION FORM

Please complete this information in its entirety

Hospitality Tax Division 110 Railroad Avenue Gaffney, SC 29340 (864)902-2412

Business Information

Business Name
Business Location
Mailing Address
Business Phone Business Fax
Date Business Opened
Reporting Status:MonthlyQuarterlyAnnually
Federal Tax ID# SC sales & use Tax #
Is food your primary business? Yes No
Is business seasonal? NoYes, months operational:
Please briefly categorize your business
(Examples: Bar and Grill/Café or Diner/ Fast Food/Family Restaurant/Ethnic/Convenience Store/Grocery/BBQ, etc.)
Owner Information
Owner or Corporate Name
Address
Email
Phone Cell Phone
Hospitality Tax Contact Information
(Complete this section only if contact is not the owner. Ex: Accountant)
Name
Mailing Address
Phone
Email
Applicant Information
I certify that all information on this registration form, including any attachments, is true and accurate.
Signature of Applicant:
Printed Name of Applicant:
Title of Applicant: Date: