



# York County Hospitality Tax Registration Form

Forms are available on our website at [www.yorkcountygov.com](http://www.yorkcountygov.com)  
Please return forms to: Finance Office, PO Box 116  
York SC 29745, Fax to (803) 684-8528 or email to [finance@yorkcountygov.com](mailto:finance@yorkcountygov.com)

## Business Information

Date Opened: _____	Estimated Monthly Sales Subject to Hospitality Tax: _____
D/B/A Business Name _____	
State Retail License Number: _____	
Physical Location: _____	
City: _____	State: _____ Zip: _____
Business Phone: _____	Fax: _____

## Owner Information

Owner, Partnership, or Corporate Charter Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Contact Name: _____	Contact Phone: _____

## Mailing Address for all Correspondence

Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Email Address: _____	

## Hospitality Tax Responsibility

Name of Person or Firm Responsible for Reporting Hospitality Tax: _____	
Contact Name: _____	Phone: _____
Email: _____	

I Certify that all information on this form is true and correct to the best of my knowledge.

Signature: _____	Date: _____
Print Name & Title: _____	Phone: _____