



City of West Columbia
Bridging Past, Present and Future

Hospitality Tax Registration Form

(Please Print or Type)

Date Opened: _____

D/B/A Business Name: _____ Business Phone: _____

State Retail License Number: _____ Federal ID or SSN: _____

Physical Location: _____

City: _____ State: _____ Zip: _____

Estimated Monthly Sales Subject to Hospitality Tax: _____

Owner, Partnership, or Corporate Charter Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Contact Phone: _____

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

Contact Name: _____

Contact Phone: _____

Mailing Address for all Correspondence: _____

City: _____ State: _____ Zip Code: _____

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

Signature: _____ Date: _____

Print Name & Title: _____

Phone: _____

Please mail Registration Form to:
City of West Columbia
Attn: Hospitality
PO Box 4044
West Columbia, SC 29171-4044

You may email a signed copy to hospitality@westcolumbiasc.gov.