



Local Hospitality Tax Change of Information

Forms are available on our website at www.greenvillecounty.org

Please return forms to: Financial Operations 301 University Ridge Suite 200,
Greenville SC 29601, Fax to (864) 467-7049 or email to hospitalitytax@greenvillecounty.org

Current Information

D/B/A Business Name: _____

State Retail License Number: _____ Fed ID/SSN: _____

Change in Owner/Mailing/Contact Information

Date of Change: _____

Owner, Partnership, or Corporate Charter Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Phone: _____

Email: _____

Change in Filing Status

Change Filing Status to:

Monthly - Gross sales of more than \$2,500.00 per month

Quarterly - Gross sales of \$1,250.00- \$2,500.00 per month

Annually - Gross sales less than \$1,250.00 per month

Reason for Filing Status Change: _____

Business Closed/Sold

Business Sold Date: _____ Business Closed Date: _____

New Owner if Sold: _____

New Owner Address: _____

Other Changes:

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

Signature: _____ Date: _____

Print Name & Title: _____ Phone: _____