



**Georgetown County
Planning and Development
Zoning Division**

120 Broad Street
Georgetown, SC 29440

Phone: (843) 545-3158
Fax: (843) 545-3299

**APPLICATION FOR AN EXISTING BUILDING CERTIFICATE OF OCCUPANCY
CHANGE OF TENANT PERMIT**

****IF ANY CONSTRUCTION IS BEING DONE IN THE BUILDING, A SEPEARTE BUILDING PERMIT APPLICATION IS REQUIRED FROM THE BUILDING DEPARTMENT.**

****IF YOU MAKE ANY CHANGES TO THE EXISTING SIGN OR PLAN TO INSTALL A NEW SIGN, A SEPARATE SIGN PERMIT APPLICATION IS REQUIRED FROM THE ZONING DEPARTMENT.**

****IF THE PROPOSED NEW BUSINESS LOCATION IS WITHIN THE WNCCO (WACCAMAW NECK COMMERCIAL CORRIDOR OVERLAY ZONE), ANY CHANGES THAT YOU MAKE TO THE EXTERIOR OF THE BUILDING OR ANY NEW SIGNAGE SHALL REQUIRE A SEPARATE ARB APPLICATION FROM THE PLANNING DEPARTMENT.**

DATE OF APPLICATION: _____

BUSINESS OWNER INFORMATION:

NAME OF BUSINESS: _____

BUSINESS OWNER'S NAME: _____

PHONE #: _____ **CELL #:** _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

PROPERTY OWNER INFORMATION:

PROPERTY OWNER'S NAME: _____

PROPERTY OWNER'S ADDRESS: _____

PHONE #: _____ CELL #: _____

E-MAIL ADDRESS: _____

BUSINESS LOCATION INFORMATION:

TMS#: _____

PROPOSED USE OF BUSINESS: _____

PREVIOUS USE OF BUILDING: _____

DATE THE BUILDING WAS LAST OCCUPIED: _____

LOCATION OF BUSINESS: _____

BUILDING SQ. FT.: _____ PARKING SPACES: _____

FOR OFFICE USE ONLY:

ZONING DISTRICT: _____ REQUIRED PARKING SPACES: _____

PERMITTED USE: YES _____ NO _____

*****Please allow a minimum of 3 business days for review.*****

I hereby certify that I have read and understand the above. All information provided on this application is correct and true.

APPLICANT SIGNATURE DATE: _____

ZONING DEPARTMENT APPROVAL: _____ DATE: _____

*****USE OR OCCUPANCY OF A BUILDING BEFORE A CERTIFICATE OF OCCUPANCY IS ISSUED IS UNLAWFUL AND SUBJECT TO LEGAL ACTION BY GEORGETOW COUNTY.*****



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Or (843) 545-3602
Fax: (843) 545-3296

LOCAL HOSPITALITY TAX REQUIREMENTS

LOCAL HOSPITALITY TAX AND LOCAL ACCOMODATIONS TAX

Applies to all businesses selling Prepared Meals and Beverages and/or Renting Sleeping Accommodations.

Not limited to Restaurants, Hotels, Motels, Bed & Breakfast Inns, Seasonal Rentals, Bakeries, Convenience Stores, Nightclubs, Golf Courses, Camp Grounds

To register your business and obtain your booklet of Hospitality/Accommodation Tax Returns, come to Georgetown County Finance Department located at 129 Screven Street (2nd floor), Georgetown, SC 29440 or call 843-545-3065 to receive the information by mail.

County Council passed an ordinance on May 11, 1999 establishing a two percent (2%) hospitality tax on prepared meals and beverages; and a three percent (3%) accommodations tax on transient accommodations. The ordinance states that all affected businesses shall be responsible for collecting hospitality taxes beginning July 1, 1999 and Accommodations tax beginning October 1, 1999.

The taxes are imposed on gross proceeds derived from the following transactions occurring within the unincorporated areas of Georgetown County and the Town of Andrews:

Prepared Meals and Beverages (2% Tax)

◆ “Prepared Meals and Beverages” are defined as the products sold ready for consumption either on or off premises in business classified as eating and drinking places under the Standard Industrial Code Classification Manual. These include lunch counters, restaurant stands; restaurants and drinking places operated as a subordinate service facility by other establishments; and bars and restaurants owned by and operated for members of civic, social, and fraternal associations.

◆ The sale of all food and beverages served by a restaurant, hotel, motel, club, lounge, bar or other ABC licensed establishment, or other food service facility.

◆ The sale of all food and beverages prepared or modified by convenience stores or grocery stores including prepackaged food or drink items prepared or modified in the business establishment by the customer. Some examples of prepared or modified foods would be:

- a. Heated foods (pizza, nachos, hot dogs, sandwiches, chicken, etc.)
- b. Prepared sandwiches, salads, fountain drinks, and coffee.
- c. Sliced meats and vegetable trays.

Prepared food or drink items, which are not modified, are not subject to the hospitality fee assessment.



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LOCAL HOSPITALITY TAX REQUIREMENTS (cont.)

Transient Accommodations (3% Tax)

- ◆ “Accommodation” is defined as any room (excluding meeting and conference rooms), campground spaces, recreational vehicle spaces, lodgings or sleeping accommodations furnished to transients by any hotel, motel, inn, condominium, “bed & breakfast”, residence, or any other place in which rooms, lodgings, or sleeping accommodations are furnished for consideration within Georgetown County, South Carolina. *The gross proceeds received for lease or rental of sleeping accommodations supplied to the same person for a period of thirty (30) or more continuous days are not considered proceeds from transients and accordingly, will not be subject to the accommodations tax.*

All businesses are required to remit the reporting return, a copy of the State of South Carolina sales tax computation form, and the taxes **no later than the 20th of each month** for sales from the previous month. Return becomes delinquent if the US Postal Service postmarks payment after the 20th day of the following month. **The failure to collect these taxes does not relieve any business from making the required remittance to Georgetown County.** Any taxes not timely remitted will be subject to a penalty of 5% per month, charged on the original amount due, up to the maximum of 100%.

On February 11, 2003, Georgetown County passed Ordinance No. 2003-01 adopting an Ordinance Summons for the purpose of enforcing County Ordinances and collecting delinquent Local Hospitality and Local Accommodations taxes and penalties. Accounts sixty (60) days past due will be issued a Notice of Violation with their monthly statement requesting payment within ten (10) business days. **If payment is not received within ten (10) BUSINESS DAYS, AN Ordinance Summons will be issued notifying the delinquent taxpayer that they must appear in Magistrate Court.** The summons will inform the taxpayer of the bond amount, date, time, and location of the trial. Any person who fails to appear before the Court as required by the Uniform Ordinance Summons, without first having posted bond or without having been granted a continuance by the Court, is guilty of a misdemeanor punishable by a fine up to \$200.00 or imprisonment for up to 30 days.



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Georgetown County, South Carolina Local Hospitality/Local Accommodation Tax

Business Information Form (please print or type)

(PLEASE RETURN THIS FORM TO
129 SCREVEN STREET (2ND FLOOR), GEOROTOWN, SC 29440)

*****Form is to be returned with July 2009 Tax Reporting Return.***

Owner, Partnership, or Corporate Charter Name:

Business Phone No.: _____ Daytime Phone No. _____

Trade Name, Doing Business As ("DBA"):

Federal Identification No.: _____

SC Sales & Use Tax No.: _____

SSN (If no Federal I.D. No.): _____

Mailing Address (For All Correspondence):

Attention/ Care Of: _____

Street or PO Box No.: _____

City: _____ State: _____ Zip: _____

Check Type of Business:

Accommodations: _____ Hospitality: _____

Main Business (restaurant, convenience store, etc): _____

Physical Business Location (don't list PO Box):

Street Address: _____

City: _____ State: _____ Zip: _____

Is Your Business Seasonal? (check one) Yes _____ No _____

If seasonal, list the months that are active: _____

Check Type of Ownership:

Sole Proprietor (One Owner) _____

Partnership (Two or more Owners) _____

Corporation _____

Limited Liability Company (LLC) _____

Limited Liability Partnership (LLP) _____

Personal Service Corporation (PSC) _____

Professional Association (PA) _____

Unincorporated Association (list legal name of your Association) _____

Other (explain below) _____

List this information for ALL of your Business Owners, Partners, or Officers:

NAME	TITLE	SS#	HOME ADDRESS	PHONE #

"I certify that all information on this application, including any attachments, is true and correct to the best of my knowledge".

Signature of Owner, Partner, or Corporate Officer

DATE: _____

Title: _____