



CITY OF HARDEEVILLE

205 East Main Street
P.O. Box 609
Hardeeville, SC 29927
Phone: 843-784-2231
Fax: 843-784-6384

LOCAL HOSPITALITY FEE

Business Name/Address

Account Number _____

For Sales In _____
Month Year

Computation of Fee

1. Gross proceeds of sales covered by
Local Hospitality Fee \$ _____
2. Fee Due (Line 1 x 2%) \$ _____
3. Penalty (10% if not received by the 20th
of the Month following report month) \$ _____
4. Additional penalties (10% on the 21st
of each month thereafter until paid) \$ _____
5. Total Local Hospitality Fee and
Penalty Due \$ _____

NOTE: Payment is due on or before the 20th of the month following the "Sales" month shown above. A 10% penalty shall be added on the 21st day of each month following that date until paid.

I hereby certify, under penalty of the Law, that the "gross proceeds of sales covered by Local Hospitality Fee" shown above accurately reflects the total proceeds to which the fee is applicable for the period covered by this report.

Signature

Phone

Date