

LOCAL ACCOMMODATIONS TAX ADVISORY COMMITTEE MEMBERSHIP

(Please be advised that you do not have to form this committee if your accommodations tax receipts are fifty thousand dollars or less. However, you may form the committee, or continue with the committee, if you so desire.)

Pursuant to Section 6-4-25, Code of Laws of South Carolina, there shall be a local advisory committee consisting of seven members. The majority of these members shall be selected from the hospitality industry, of which at least two must be from the lodging industry, and one member shall represent the cultural organizations. Please place an asterisk (*) to indicate the chairperson.

PLEASE LIST MEMBERS AT TIME GRANTS WERE AWARDED. COPY PAGES, THEN LIST CURRENT MEMBERS. YOU SHOULD TURN IN TWO COPIES OF THIS FORM.

Lodging Sector of the Hospitality Industry (Two Representatives)

1. _____
(Name) (Business Name AND DESCRIPTION OF BUSINESS IF NOT CLEAR HOW IT RELATES TO INDUSTRY)

(Address) (City, State, Zip)

(Phone) (FAX)

(E-Mail Address)

2. _____
(Name) (Business Name AND DESCRIPTION OF BUSINESS IF NOT CLEAR HOW IT RELATES TO INDUSTRY)

(Address) (City, State, Zip)

(Phone) (FAX)

(E-Mail Address)

Local Accommodations Tax Committee Membership Form, Continued...

Two Other Representatives from Hospitality Industry

3. _____
(Name) (Business Name AND DESCRIPTION OF
BUINSESS IF NOT CLEAR HOW IT RELATES TO
INDUSTRY)

(Address) (City, State, Zip)

(Phone) (FAX)

(E-Mail Address)

4. _____
(Name) (Business Name AND DESCRIPTION OF
BUINSESS IF NOT CLEAR HOW IT RELATES TO
INDUSTRY)

(Address) (City, State, Zip)

(Phone) (FAX)

(E-Mail Address)

Please list below the designated cultural interest representative and affiliation:

5. _____
(Name) (Cultural Affiliation)

(Address) (City, State, Zip)

(Phone) (FAX)

(E-Mail Address)

Local Accommodations Tax Committee Membership Form, Continued...

Please list below the other two at-large of the committee:

6. _____
(Name) (Business Name)

(Address) (City, State, Zip)

(Phone) (FAX)

(E-Mail Address)

7. _____
(Name) (Business Name)

(Address) (City, State, Zip)

(Phone) (FAX)

(E-Mail Address)

Please return to: Damita Holcomb, Tourism Expenditure Review Committee,
Damita.holcomb@dor.sc.gov or mail to P.O. Box 125, Columbia, South Carolina 29214-0120,
Forms are due with accommodations tax reporting forms by October 1 of each year. Please call
803-898-5400 with questions or email Damita.Holcomb@dor.sc.gov

Submitted by: _____ E-Mail: _____
(Name and Title) _____

Phone: _____ Date: _____

Name of County/Municipal Government: _____