



**CITY OF BEAUFORT**  
302 Carteret Street PO Drawer 1167  
Beaufort, SC 29901 - 1167

Phone: 843/525-7025

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**HOSPITALITY FEE**

Business Name/Address

Account Number \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Sales in \_\_\_\_\_  
Month Year

**Computation of Fee**

1. Gross proceeds of sales covered by Hospitality Fee \$ \_\_\_\_\_
2. Fee due (Line 1 x 2%) \$ \_\_\_\_\_
3. Penalty  
(10% if not received by the 20<sup>th</sup> of the month following report month) \$ \_\_\_\_\_
4. Additional penalties  
(10% on the 21<sup>st</sup> of each month thereafter until paid) \$ \_\_\_\_\_
5. **Total Hospitality Fee & Penalty Due** \$ **\_\_\_\_\_**

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date