

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 and Title) (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 and Title) (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 and Title) (Business Name AND DESCRIPTION OF BUSINESS IF NOT CLEAR HOW IT RELATES TO INDUSTRY)

(Address) (City, State, Zip)

(Phone) (FAX)

(E-Mail Address)

4. _____
(Name and Title) (Business Name AND DESCRIPTION OF BUSINESS 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 Jeter, Tourism Expenditure Review Committee, P.O. Box 125, Columbia, South Carolina 29214-0120, by no later than October 15.
Please call 803-898-5400 with questions or email jeterd@sctax.org**

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

Phone: _____ Date: _____

Name of County/Municipal Government: _____