Business License Division
1401 Main Street (1st Floor) Columbia, SC 29201 • Phone: 803-545-3345
P.O. Box 147 Columbia, SC 29217

Food and Beverage Service Questionnaire

Business Name: _____

Business Address: _____

Phone Number: _____ Email: _____

Please Check: Brick-and-mortar ☐ Food Truck/Trailer ☐ Tent and Table ☐ Cart ☐

Mobile Vendors Driver's License Number: _____

What are the hours of operation? _____

Do you plan on participating in events held with the City of Columbia limits? _____

Do you serve or plan to serve alcohol? _____

Commissary Kitchen: _____

Commissary Kitchen Address: _____

Does your business serve prepackaged food ONLY?

Acknowledgments

By initialing below, I certify that I understand and agree to the following:

- _____ I understand that Local Hospitality Tax (HT) is a 2% tax on the gross proceeds from the sale of prepared food and beverages within the City of Columbia.
- _____ I understand that HT remittances are due on the 20th of each month.
- _____ I acknowledge that each food truck site location requires a zoning review and a $10 fee per site.
- _____ I acknowledge that I must provide permission letters for all food truck site locations.
- _____ I acknowledge that an Alcohol Beverage License (ABL) is required for any business serving alcohol.
- _____ I understand that any changes to my business operations may require additional documentation, and that failing to report such changes may result in fees or penalties.

Please list your product list and job sites on the back

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Food Truck Site Locations

We will need a letter of permission from the sites where you wish to set up your food truck. Each site address will need a separate zoning review, which will incur a $10 fee.

_____

_____

_____

_____

Product List

Please provide a product list for your business. This will help us determine which inspections and taxes are required for your business.

_____

_____

_____

_____

Printed Name _____ Date_____

Business Owner Signature _____