



Hospitality Tax Account Application

Complete the form below and email it to hospitalitytax@seviervilletn.org. Please use this email address for any questions or call us at 865-453-5504. For more information on Hospitality Tax please visit www.seviervilletn.org.

Please Print

Business Name: _____

Doing Business as (dba): _____

Business Location Address/City/State/Zip: _____

Business Mailing Address/City/State/Zip: _____

Owner Name: _____ Owner Email: _____

Owner Mailing Address/City/State/Zip: _____

Owner Phone Number: _____ Alternate: _____

Opening date: _____ Business Type: Lodging / Restaurant / Amusement

TN Sales Tax Location # (if applicable): _____ Federal Tax ID: _____

Company Type:

Corporation LLC Sole Proprietorship Other: _____

If this account is seasonal or associated with an event, please list the event name and date below.

_____ Date _____

Please provide the name, email address, and phone number for the person responsible for filing your returns. This email address will be added to your account as a billing contact and will be the username to register on the self-service portal.

Filer Name: _____ Email: _____

Phone Number: _____ Alternate: _____

Customer Service Representative
City of Sevierville Finance Department
PO Box 5500
Sevierville, TN 37864-5500