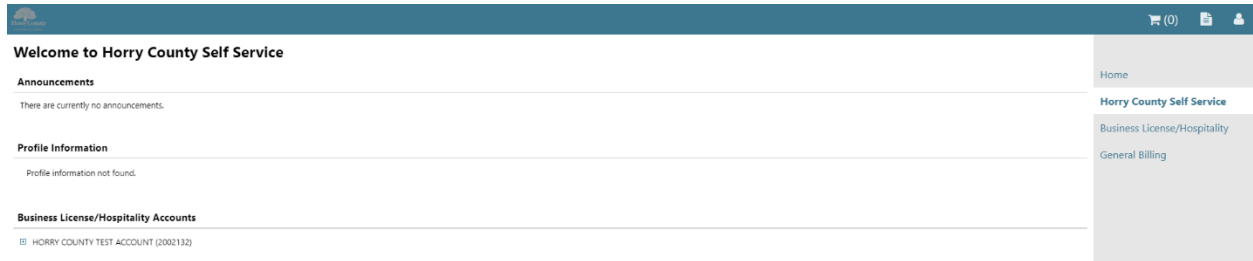


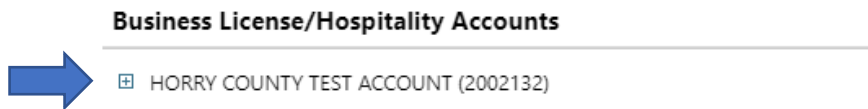
How to Enter Hospitality Fee Filings and Pay Online

To start, please login to your account through the Horry County Business License/ Hospitality SelfService page at <https://service.horrycounty.org/css>

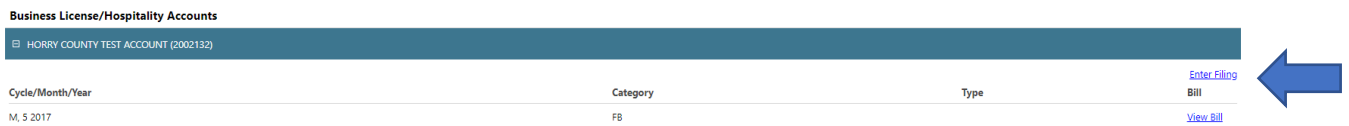
When you log in you will see:



Click on the + to the left of your account



If you are filling a hospitality period, click on [Enter Filing](#) to the right

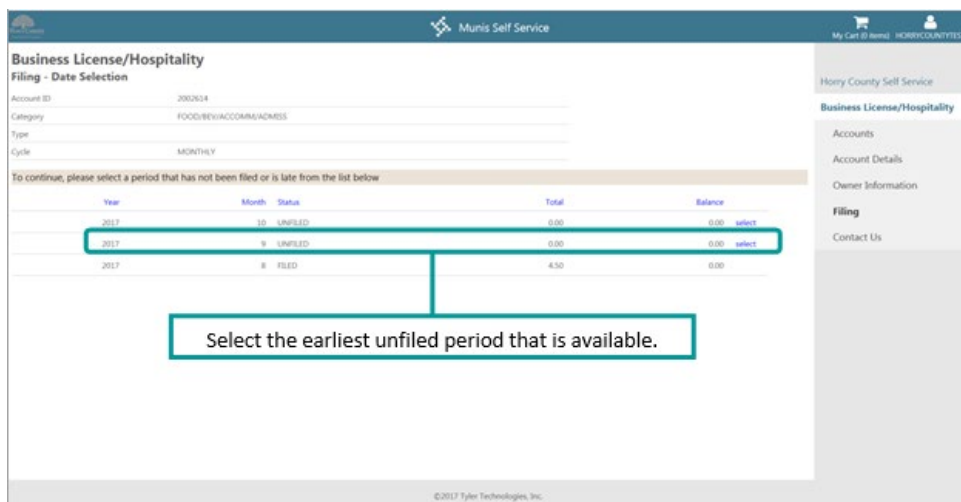


OR

If you are trying to pay a bill that has already been filed, then look for the [Add to Cart](#) on the right



Click on the Enter Filing link to proceed.



Now the Gross Receipts can be entered. Once complete, click the Continue button.

Business License/Hospitality
Filing Amounts

Account: 2002614
Category: FOOD/BEV/ACCOMM/ADMISS
Type: _____
Cycle: MONTHLY
Month: 9
Year: 2017

ACCOMMODATIONS-INSIDE (111ACI)
Gross Receipts: \$ 100.00

ADMISSIONS-INSIDE (111ADI)
Gross Receipts: \$ 100.00

FOOD/BEVERAGE-INSIDE (111FBI)
Gross Receipts: \$ 100.00

Cancel Continue

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The amounts entered can be reviewed and corrected before proceeding.

Business License/Hospitality
Filing Amounts
Review

Please review that the information is correct before submitting.

Revise this filing

This will allow you to make changes

Account: 2002614
Category: FOOD/BEV/ACCOMM/ADMISS
Type: _____
Cycle: MONTHLY
Month: 9
Year: 2017

ACCOMMODATIONS-INSIDE 111ACI Actual	
Gross Receipts	100.00
Deductions	0.00
Taxable Sales	100.00
Calculated Amount	1.50
Net Due	1.50

ADMISSIONS-INSIDE 111ADI Actual	
Gross Receipts	100.00
Deductions	0.00
Taxable Sales	100.00
Calculated Amount	1.50
Net Due	1.50

FOOD/BEVERAGE-INSIDE 111FBI Actual	
Gross Receipts	100.00
Deductions	0.00
Taxable Sales	100.00
Calculated Amount	1.50
Net Due	1.50

Summary

Calculated Amount due on this filing:	4.50
Penalty on this filing:	0.00
Total due:	4.50

**The amount due shown does not include any potential interest that may be added for late filings.

Check the following box to signify acknowledgement I hereby acknowledge that the information I am about to submit is 100% accurate and understand the license cannot be issued if a shortage or missing payments exist on my account.

Cancel File

If all gross receipt amounts are correct, click the acknowledgement check box and click File.

To proceed, click the Add bill to cart link

Business License/Hospitality
Filing Amounts

Confirmation
Thank you. Your information has been successfully submitted.

[Add bill to Cart](#)

Account	2002614
Category	FOOD/BEV/ACCOMM/ADMISS
Type	
Cycle	MONTHLY
Month	9
Year	2017

ACCOMMODATIONS-INSIDE 111ACI Actual

Gross Receipts	100.00
Deductions	0.00
Taxable Sales	100.00
Calculated Amount	1.50
Net Due	1.50

Choose to either pay by credit card or e-check. There is no charge for E-Checks, but a 2% of the total bill for Credit Cards

Pay Bills
Select Payment Method

Currently, we do not charge for E-Checks. There is a fee of 2% of the total bill for Credit Cards.

[Pay by Credit Card](#) | [Pay by eCheck](#) | [Cancel](#)

Enter payment information.

Pay Bills
Step 2 of 4: Please enter the payment information

Enter the details needed to process this payment.

Credit card information

Card type:

Card number:

Card ID (CVV) number: [Where is this?](#)

Expiration date:

[Continue](#) [Cancel](#)

Pay Bills
Step 2 of 4: Please enter the payment information

Enter the details needed to process this payment.

Bank account information

Type of account:

Bank ABA/routing number (9 digits): [Where is this?](#)

Bank account number: [Where is this?](#)

Re-enter bank account number:

Driver's License information

State:

Number:

[Continue](#) [Cancel](#)

All billing information will be entered here. Enter all required information and click the Continue button.

Pay Bills
Billing Address

Please enter your billing information **exactly** as it appears on your credit card or bank statement.

First name:

Last name:

Address line 1:

Address line 2:

City:

State:

Zip code:

Contact phone number:

E-Mail: for your e-mail confirmation

Remember these values

[Continue](#) [Cancel](#)

* Indicates required field

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Review your bill and click Submit.

Pay Bills

Step 4 of 4: Review Step 1 2 3 4

Please review the information below. Make changes if necessary, then submit your payment request.

Payment Amount	Due Now	Payment Amount
Bill Description		
222568	\$152.00	\$152.00
Subtotal		\$152.00
Convenience Fee		\$0.00
Total		\$152.00

Payment Method [change](#)

Checking *****

Check Number 123

Bank Routing Number 123456789

Billing Address [change](#)

Name test test


Address 211 BEATY ST

City State Zip CONWAY, SC, 29526

Phone Number 8439155620

This screen indicated the payment successfully went through and is being processed. If the payment did not process correctly, instead of the green checkmark, there will be a red X.

Pay Bills

 Your payment has been successfully processed

Payment submitted on **6/16/2021**
Your Confirmation Number is **783715572**
Your Authorization Code is **54321ABC**

Thank you, for using Horry County Citizen Self Service!

You may want to print this page for your records.

Payment Amount	Due Now	Payment Amount
Bill Description		
222568	\$152.00	\$152.00
Subtotal		\$152.00
Convenience Fee		\$0.00
Total		\$152.00

Payment Method

Checking *****

Check Number 123

Bank Routing Number 123456789

Billing Address

Name test test

Address 211 BEATY ST

City State Zip CONWAY, SC, 29526

Phone Number 8439155620

A confirmation e-mail will be sent when a payment is processed successfully.