

# How to Enter Business License 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

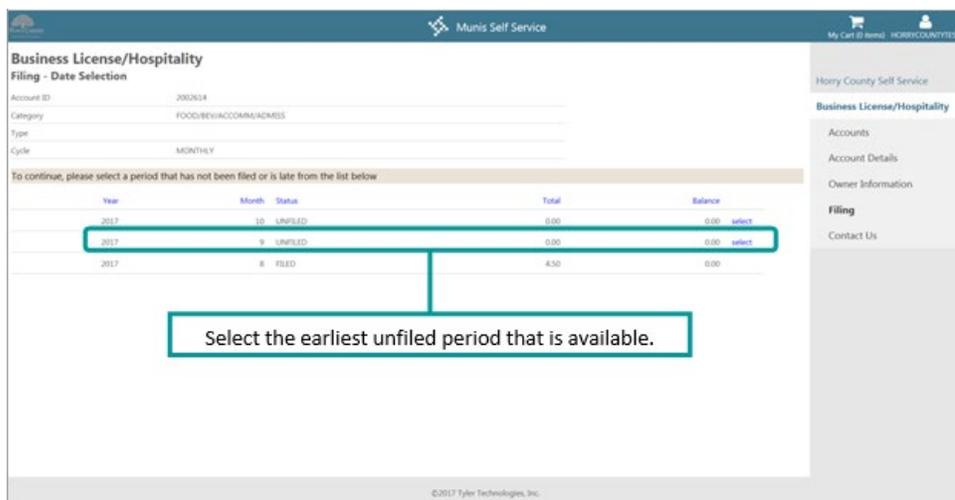


OR

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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Review screen, submit filing, and then it's completed. If you wish to have a record of confirmation, please do a print screen. To do a print screen right-click on your mouse and choosing the print option.

**Business License/Hospitality**  
Filing Amounts

**Review**  
Please review that the information is correct before submitting.

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

Revise this filing

This will allow you to make changes

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

To proceed, click the Add bill to cart link

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

<b>ACCOMMODATIONS-INSIDE 111ACI Actual</b>	
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: Master Card  
Card number: [input field]  
Card ID (CVV) number: [input field] [Where is this?](#)  
Expiration date: Month [dropdown] Year [dropdown]

[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: Please select  
Bank ABA/routing number: [input field] [Where is this?](#)  
Bank account number: [input field] [Where is this?](#)  
File-enter bank account number: [input field]

**Driver's License Information**

State: [input field]  
Number: [input field]

[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: [input field]  
Last name: [input field]  
Address line 1: 1301 2ND AVE  
Address line 2: [input field]  
City: CONWAY  
State: SC  
Zip code: 29526  
Contact phone number: [input field]  
E-Mail: [input field]  
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

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

Bill Description	Due Now	Payment Amount
222568	\$152.00	\$152.00
<b>Subtotal</b>		<b>\$152.00</b>
Convenience Fee		\$0.00
<b>Total</b>		<b>\$152.00</b>

**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.

Bill Description	Due Now	Payment Amount
222568	\$152.00	\$152.00
<b>Subtotal</b>		<b>\$152.00</b>
Convenience Fee		\$0.00
<b>Total</b>		<b>\$152.00</b>

**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.