Retail Sales Tax						
	THIS LICENSE MUST BE PUBLICLY DISPLAYED AS PROVIDED BY LAW	DEPARTI	SOUTH CAROLINA MENT OF REVENUE AIL LICENSE	THIS LICENSE IS NEITH TRANSFERABLE NOR ASSIGNABLE BEFORE POSTING REA INSTRUCTIONS BELOW	SI-1 (Rev. 08/28/18) D 5000	
OWNER NAME AND BUSINESS LOCATION: KIMBERLY BRYA LICENSE MUST BE RETURNED FOR ALL CHANGES AND/OR 3650 CLAYPOND			NT INTERIOR DESIGN		LICENSE NUMBER	
CLOSE OF BUSIN		MYRTLE BEACH S			026636267	
3650 CL	RLY BRYANT INTE AYPOND RD E BEACH SC 295	Anter President President States		INDUSTRY TYPE EFFECT DATE	541410 01-May-2011	
Letter ID: L0015794220 THIS LICENSE IS VALID FOR ABOVE LOCATION ONLY. CHANGE OF LOCATION OR OWNERSHIP REQUIRES NEW LICENSE.						
TRADE NAME AND MAILING ADDRESS       THIS LICENSE IS VALID FOR ABOVE LOCATION ONLY. CHANGE OF LOCATION OR OWNERSHIP REQUIRES NEW LICENSE.         EACH PLACE OF BUSINESS MUST BE LICENSED SEPARATELY       EACH PLACE OF BUSINESS MUST BE LICENSED SEPARATELY						
File # 02663626	7 SID # 248	31320 Hor	ry Unincorp	orated	1026	
valid so long as the person to whom it is issued continues in the same business at the same location as shown on license, unless revoked by the Department of Revenue for cause. It is presumed that a retailer is not continuing in the same business and must surrender the retail sales license if the retailer has no retail sales for twenty-four consecutive months. To allow the license to remain valid, the retailer may submit an affidavit to the department swearing that the business is continuing. If the business is closed, moved or sold, the licensee must complete the questions listed below and return this license to the SC Department of Revenue, PO Box 125, Columbia, SC 29214. IF THERE ARE ANY QUESTIONS REGARDING THIS LICENSE, CONTACT THIS DIVISION AT 1-844-898-8542 OUT OF BUSINESS OR CHANGE OF OWNERSHIP (Also complete C-278)						
DATE OF CLOSING OR SALE						
NEW OWNER'S NAME OR NAMES						
IF BUSINESS LOCATION CHANGES, RETURN THIS LICENSE AND COMPLETE CHANGE OF ADDRESS/BUSINESS LOCATION FORM SC-8822. IF BUSINESS IS MOVED OR THE TRADE NAME IS CHANGED, GIVE THE: NEW TRADE NAME DATE BUSINESS MOVED 000000000000000000000000000000						
NEW TRADE NAME DATE BUSINESS MOVED						
NEW LOCATION ADD	W LOCATION ADDRESS					
MAILING ADDRESS	ILING ADDRESS NEW TELEPHONE NUMBER					
INSTRUCTIONS						
THE CARE AND THE AND			This is your new license. Please fold on the above perf marks and display in a conspicuous place.			
			If you have any question the SC Departm	ons concerning this ent of Revenue 1-8		
	STE		If the business is close form above and re	d, moved, or sold, eturn it with the orig		
	USUS			lina Department of egistration Section	Revenue	
				5, Columbia, SC 29	214-0400	