

TEXAS SALES AND USE TAX PERMIT

Retailers: A seller may NOT accept a copy of the resale certificate. A certificate is necessary	nis permit in lieu of a properly completed exemption or essary to document why tax is not collected on a sale.	You must obtain a new permit if there is a change of ownership, location, or business location name.
CHILL INTERIOR DESIGN GROUP LLC		Type of permit SALES AND USE TAX
CHILL INTERIOR DESIGN GROUP 3504 TERRY DR	(and the second	Taxpayer number 3-20575-3077-9 Location number
PLANO COLLIN COUNTY NAICS CODE: 541410 DESC	TX 75023-1131 RIPTION ON NEXT LINE:	00001 First business date of location 11/15/2015
Interior Design Services WE SHOW THIS BUSINESS IN THE COLLS	WING LOCAL COMES TAX AUTHORITIES	
TRANSIT: DALLAS MTA	EFF: 11/15/2015 EFF: 11/15/2015	Glenn Hegar Comptroller of Public Accounts

You may need to collect sales and/or use tax for other local taxing authorities depending on your type of business. For additional information, see "Collecting Local Sales and Use Tax" section on the back of this document, If you have any questions regarding sales tax, visit our website at www.comptroller.texas.gov or call us at 1-800-252-5555.

Detach here and prominently display your permit only. Retain the portion below for your records.

01-300-P4

000000029

Is the Information Printed on this Permit Correct?

The information printed on your permit is public information. It must be accurate and current. If there is an error, make corrections on the form below. Enter the correct information for incorrect items only. Detach the form and mail it to:

Comptroller of Public Accounts 111 E. 17th Street Austin, TX 78774-0100

More helpful information about your permit is on the back of this document.

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sign here

Taxpayer name shown on the permit CHILL INTERIOR DESIGN GROUP L	.LC	AND THE RESERVE	If you need to make changes to
Taxpayer number shown on the permit 32057530779	Location number shown on the permit 00001		your local sales tax authorities or to the NAICS code printed on your permit, see information on the back of this form.
Correct business location name			
Correct business location (no P.O. Box or directions accep	oted)		THE RESIDENCE OF THE PARTY OF T
City	State	ZIP code	County
Correct taxpayer name		- 0.00 m	Daytime phone (Area code and number)
Correct mailing address			The second secon
City	State	ZIP code	Federal Employer Identification Number
If you are no longer in business , enter the date o	f your last business trans	saction.	THE COLUMN
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