## Retail Sales Tax



THIS LICENSE MUST BE PUBLICLY DISPLAYED AS PROVIDED BY LAW

KIAWAH ISLAND SHADES LLC

JOHNS ISLAND SC 29455-8123

SID#

## STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE RETAIL LICENSE

TRANSFERABLE NOR ASSIGNABLE BEFORE POSTING READ INSTRUCTIONS BELOW

ST-1 (Rev. 08/28/18) 5000

OWNER NAME AND BUSINESS LOCATION:

LICENSE MUST BE RETURNED FOR ALL CHANGES AND/OR **CLOSE OF BUSINESS** 

1990 KAY ST

File # 114508676

KIAWAH ISLAND SHADES LLC 1990 KAY ST

JOHNS ISLAND SC 29455-8123

LICENSE NUMBER

114508676

INDUSTRY TYPE

444190 01-Jun-2019

2130

Letter ID: L0010506180 TRADE NAME AND MAILING ADDRESS

9184088

THIS LICENSE IS VALID FOR ABOVE LOCATION ONLY. CHANGE OF LOCATION OR OWNERSHIP REQUIRES NEW LICENSE

EACH PLACE OF BUSINESS MUST BE LICENSED SEPARATELY Charleston

This retail license is issued pursuant to Article 5, Chapter 36, Title 12, Code of Laws of South Carolina, 1976, as amended. The retail license is 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.

Charleston

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
<u> 21 21 21 21 21 21 21 21 21 21 21 21 21 </u>
NEW FIRM NAME
NEW OWNERS NAME OF NAMES
NEW OWNER'S NAME OR NAMES
CHANGE OF ADDRESS AND/OR TRADE NAME (Also complete SC-8822)
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:
<u>40~40~80~50~80~80~80~80~80~80~80~80~80~80~80~80~80</u>
NEW LOCATION ADDRESSBUSINESS MUNICIPAL LIMITS
<u>(505070707070707070707070707070707070707</u>
MAILING ADDRESS NEW TELEPHONE NUMBER



## INSTRUCTIONS

This is your new license. Please fold on the above perf marks and display in a conspicuous place.

If you have any questions concerning this license, please call the SC Department of Revenue 1-844-898-8542.

If the business is closed, moved, or sold, please complete the form above and return it with the original license to:

> South Carolina Department of Revenue Registration Section P.O. Box 125, Columbia, SC 29214-0400