

Retail Sales Tax

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
RETAIL LICENSE

THIS LICENSE IS NEITHER TRANSFERABLE NOR ASSIGNABLE BEFORE POSTING READ INSTRUCTIONS BELOW

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

THIS LICENSE MUST BE PROMINENTLY DISPLAYED AS PROVIDED BY LAW

OWNER NAME AND BUSINESS LOCATION
JA BEVCO, LLC
13 NEW MARKET STREET
EHRHARDT SC 29081

LICENSE NUMBER
102746600

INDUSTRY TYPE
445310

EFFECT DATE
01-Apr-2021

Letter ID: L0017951081

TRADE NAME AND MAILING ADDRESS
JA BEVCO PACKAGING
13 NEW MARKET STREET
EHRHARDT SC 29081

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

EACH PLACE OF BUSINESS MUST BE LICENSED SEPARATELY

File # 102746600 SID # 9623198 Bamberg Ehrhardt 2245

This retail license is issued pursuant to Article 5, Chapter 26, 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 assuring 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 FIRM NAME _____

NEW OWNERS 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 TO BUSINESS LOCATION FORM SC-8822. IF BUSINESS IS MOVED OR THE TRADE NAME IS CHANGED, GIVE THE:

NEW TRADE NAME _____ DATE BUSINESS MOVED _____

NEW LOCATION ADDRESS _____ BUSINESS MUNICIPAL LIMITS _____

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


