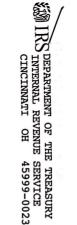
Attached Recoil			
Attached Required Document Checklist  Voided Check	Fax to: 901-692		
Business Voets	- ux to . 901-69	2-9499	
Copy of Drivers License		email to:	ALADACT
Wallaging Partner to	application	ons@impactpays.net	INIPACI
Date Submitted: 5-5-21			ys.net
Merchant (Business) DBA Name: Sign South C	Application Submis	sion Form	
Business Legal Name: Shart O	harlies		The same of the sa
	1 .	1	
Contact Name: Retye Wilton	Klies LL	<u>C</u>	
rilysical Address: 1990 Couter Pait	Contact Phone		03-9191
Phone Number: QD   -   DD - GLG	ve City, State, Zip:	: MASON To	v 38049
Email Address: Sign Shall houles	Fax Number:	Name of the last	
1. 2243 ( 30/10/10/11/2)		Website:	
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State: // Zip: 39	(00)2		City: Adinaton
	California de la califo		J
Corporation - circle one: Private or Public	Business Type		
Luc-circle one: C corp S corp P partner D disregard		Business Start Date: 5	5-2014
Double Lin/Federal	Tax ID# 46	4781742	Refund Policy? Yes of No
Types of Goo	ods Sold: Foss	d-Restaraunt	
		110311110000	
Ownership Information (Must be	e 51% or more) •M	fight pood information II	Children to the control of the contr
Ownership Information (Must be Officer/Owners Name: Bethre Mittage	e 51% or more) •м		
Home Add Wilton	e 51% or more) *M	N € ► Social Securit	ners* ny: 41396 7321
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Home Address:   Q G    Center   Q   K   Town  Drivers License#:  DOB:   H - Q 9 - 5 2   % of Business Owned:   ID   D   %  A copy of a voided check or a signed verifica  Name of Bank  ABA Routing #  Account #  Estimated Sales Volume  Estimated Annual Sales (All sales)  Estimated Annual Visa/MC/Discover/ AMEX Sales  Estimated Monthly Visa/MC/Discover/ AMEX Sales  Average Ticket  High Ticket  First two sections must equal 100% respectively  Card Swiped: Q % Card Keyed In:   % = 100%  Card Present:   C % Card Not Present C % = 100%  MOTO: % Internet: %  IBUXX or Traditional	e 51% or more) *N Title: OWN Title: OWN Title: OWN Title: OWN Title: OWN Title: OWN Expiration Dat Home Phone N Length of Own Lanking Information tition letter from the	city, State, Zip Code:   Etumber: QOI - 6  Bumber: QOI -	Aso N TN 38044  State: 0 3 91 9 /  Arter Checks Accepted*  The Thermore Dial-phone WiFI  Line? Yes - No  No  Yes - No



SLING SHOT CHARLIES
BETTYE M MILTON SOLE MBR
1790 HIGHWAY 70
ARLINGTON, TN 38002

Date of this notice: 02-11-2014

Employer Identification Number:
46-4781743

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:

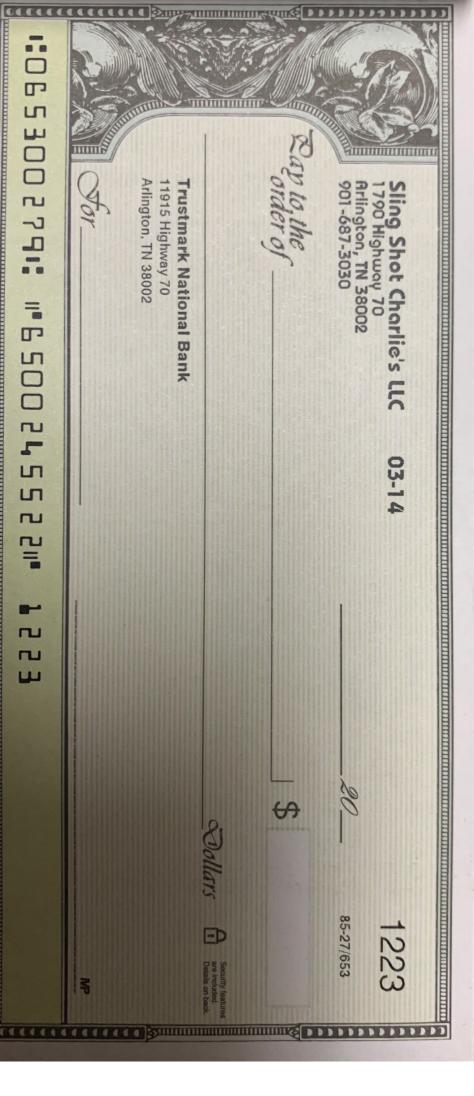
1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-4781743. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent

that you use your EIN and complete name and address exactly as shown above. Any variation When filing tax documents, payments, and related correspondence, it is very important



## **SUE W CULVER FAYETTE COUNTY CLERK**

PO BOX 218 ROOM 101, COURTHOUSE SOMERVILLE, TN 38068



## STANDARD BUSINESS TAX LICENSE

Mailing

Location

4600 SLING SHOT CHARLIES LLC

1790 HWY 70 ARLINGTON, TN 38002 SLING SHOT CHARLIES

1790 HIGHWAY 70 ARLINGTON, TN 38036

BETTYE MILTON

LOCAL ACCOUNT NUMBER 4600

STATE ACCOUNT NUMBER 173557398

TRANSACTION NUMBER

CLASS 02

SALES TAX NUMBER

ISSUE DATE

TAX PERIOD

PAYMENT DUE BY EXPIRATION DATE

04/21/17

1/1/2016 - 12/31/2016 4/15/2018

05/15/2018

TO AVOID PENALTY, INTEREST, AND POTENTIAL ENFORCED COLLECTION ACTION, BUSINESS TAX RETURNS AND PAYMENTS MUST BE REMITTED TO THE TENNESSEE DEPARTMENT OF REVENUE AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THIS LICENSE.

F PAID BY CHECK, THIS LICENSE VALID ONLY AFTER CHECK IS PAID.

THIS LICENSE DOES NOT PERMIT OPERATION UNLESS PROPERLY ZONED. AND/OR IN COMPLIANCE WITH ALL OTHER APPLICABLE LAWS/RULES.

-- POST AT LOCATION OF BUSINESS --

IF BUSINESS CLOSES, MOVES, OR CHANGES OWNERS, NOTIFY THIS OFFICE

