

RETAIL LICENSE

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
RETAIL LICENSE



THIS LICENSE MUST
BE PUBLICLY
DISPLAYED AS
PROVIDED BY LAW

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

ST-1
(Rev. 9/242010)
5000

OWNER NAME BUSINESS LOCATION: JSL LLC
1129 ELM ST W
HAMPTON, SC 29924-2007
LICENSE MUST BE RETURNED
FOR ALL CHANGES AND/OR
CLOSE OF BUSINESS

TRREG 1590667008



JSL LLC
PO BOX 103
HAMPTON SC 29924-0103

INDUSTRY
TYPE > 453310
EFFECT
DATE > 03/01/2011

LICENSE NUMBER	
CO.	SERIAL
025047841	
MULTIPLE NUMBER	
453310	
03/01/2011	

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

File # 02504784-1 SID # 2571212-000

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 S.C. Department of Revenue, PO Box 125, Columbia, SC 29214.

IF THERE ARE ANY QUESTIONS REGARDING THIS LICENSE, CONTACT THIS DIVISION AT (803) 896-1350

OUT OF BUSINESS OR CHANGE OF OWNERSHIP

DATE OF CLOSING OR SALE _____

NEW FIRM NAME _____

NEW OWNER'S NAME OR NAMES _____

CHANGE OF ADDRESS AND/OR TRADE NAME

IF BUSINESS LOCATION CHANGES, RETURN THIS LICENSE AND COMPLETE CHANGE OF ADDRESS/BUSINESS LOCATION FORM SC8822.
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 (803) 896-1350

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

SC Department of Revenue, Registration Unit
301 Gervais Street, PO Box 125, Columbia, SC 29214