



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**RETAIL LICENSE APPLICATION FOR
ARTIST AND CRAFTSMEN**
TELEPHONE (803) 898-5660 OR 898-5872

FORM 110

(Rev. 3/15/00)
8009

For Office Use

License Tax of \$20.00 Required

PLEASE PRINT OR TYPE ALL INFORMATION

File No. _____
14-2601

1. OWNER, PARTNERS OR CORPORATE NAME	2. TRADE NAME (DOING BUSINESS AS)																				
3. BUSINESS ADDRESS _____ STREET _____ CITY COUNTY STATE ZIP	4. PHONE NUMBER																				
	5. FEDERAL IDENTIFICATION NUMBER																				
	7. PLEASE DESCRIBE THE ITEM(S) YOU WILL BE SELLING.																				
6. MAILING ADDRESS (IF DIFFERENT) _____ IN CARE OF _____ STREET _____ CITY COUNTY STATE ZIP																					
8. LOCATION OF RECORDS																					
9. TYPE OF OWNERSHIP <input type="checkbox"/> SOLE PROPRIETOR (one owner) <input type="checkbox"/> LLC/LLP <input type="checkbox"/> PARTNERSHIP (two or more owners) <input type="checkbox"/> UNINCORPORATED ASSOCIATION; ENTER LEGAL NAME. _____ <input type="checkbox"/> OTHER (EXPLAIN) _____ <input type="checkbox"/> SC CORPORATION DATE INC. _____ <input type="checkbox"/> FOREIGN CORPORATION (attach copy of articles or certificate of authority).																					
10. NAMES OF BUSINESS OWNER, PARTNERS OR OFFICERS:																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">NAME/TITLE</th> <th style="width:20%;">SOCIAL SECURITY NUMBER</th> <th style="width:35%;">ADDRESS</th> <th style="width:10%;">IF PARTNER PERCENT OWNED</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td></tr> </tbody> </table>		NAME/TITLE	SOCIAL SECURITY NUMBER	ADDRESS	IF PARTNER PERCENT OWNED	1				2				3				4			
NAME/TITLE	SOCIAL SECURITY NUMBER	ADDRESS	IF PARTNER PERCENT OWNED																		
1																					
2																					
3																					
4																					
11. DATE OF FIRST SALE	12. IS YOUR BUSINESS SEASONAL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST MONTHS ACTIVE _____																				

I/WE HEREBY CERTIFY THAT I/WE WILL BE SELLING AT ARTS AND CRAFTS SHOWS OR FESTIVALS ART OBJECTS AND/OR CRAFTS ITEMS THAT I/WE HAVE CREATED OR ASSEMBLED.

SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER

TITLE

DATE

RETURN TO: SOUTH CAROLINA DEPARTMENT OF REVENUE
REGISTRATION UNIT
COLUMBIA, SOUTH CAROLINA 29214-0140