



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**LIMITED LIABILITY CORPORATION (LLC)
SUPPLEMENTAL INFORMATION FORM**

Check all boxes that apply and provide the requested information as requested herein:

Name of this LLC applying for permit and/or license: _____

_____ This LLC is managed by its **Members**:

_____ This LLC has an Operating Agreement, a copy of which is attached hereto, and each **Member** is identified in the agreement.

_____ This LLC does **not** have an Operating Agreement. Listed below is the name of every **Member** that has an ownership interest in the LLC.

_____ This LLC is managed by its **Managers**:

_____ This LLC has an Operating Agreement, a copy of which is attached hereto, and each **Manager** is identified in the agreement.

_____ This LLC does **not** have an Operating Agreement. Listed below is the name of every **Manager** of the LLC.

Name	Title	Percentage of Ownership

I, _____, upon being first duly sworn, **upon penalty of perjury**, do hereby acknowledge and affirm that the foregoing is true and correct and that all information requested has been fully provided.

Taxpayer's Signature (L.S.)

SWORN to and subscribed before me this

_____day of _____, year of _____

Notary Public for _____

My Commission Expires: _____

Notary (L.S.) _____

Notary (printed name) _____