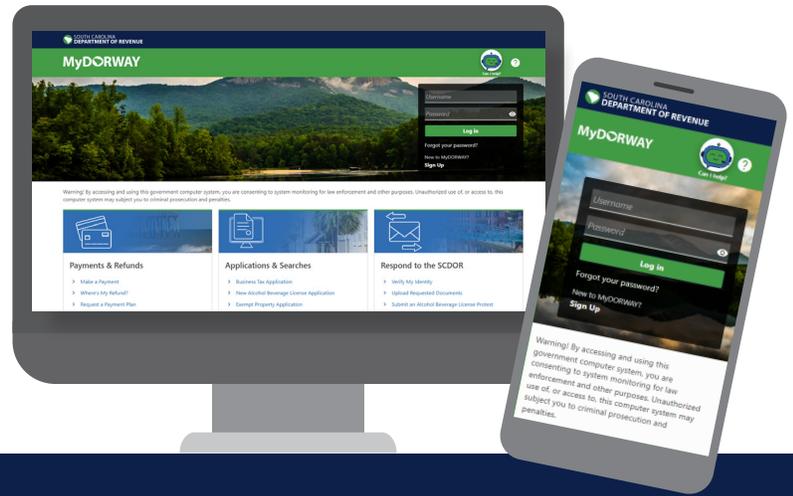


Dry Cleaning Facility Registration Application

REGISTER AND PAY ONLINE

- Dry Cleaning Facility Fee accounts can be registered online using **MyDORWAY!**
- New accounts can receive their Dry Cleaning Facility Certificate within 2 business days.
- Dry Cleaning Facility Fee annual returns and payments must be submitted using **MyDORWAY.**



Manage your tax accounts online for FREE!

MyDORWAY

Fast. Easy. Secure.

One-stop shop!

Manage your tax accounts all in one place

- Review your payment history
 - Immediate access to correspondence and certifications
 - Easily update your account information
 - View your past returns and application submissions
- + more!

Why MyDORWAY?

- 24/7 account access
- Make ACH debit or credit card payments **with no convenience fees**
- Receive immediate confirmation for transactions
- Automatic calculations reduce errors
- Control who has access to your tax accounts
- Always know you're using the most up-to-date forms

Ready to sign up for MyDORWAY?

Visit MyDORWAY.dor.sc.gov to get started.

You'll need your FEIN or SSN, License Number, and a Letter ID or copy of your last return.

Tutorials are available at dor.sc.gov/MyDORWAY

Want more information about Dry Cleaning Facility Registration?
Visit dor.sc.gov/tax/dry-cleaning

1350

dor.sc.gov



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
DRY CLEANING FACILITY
REGISTRATION APPLICATION

L-2093
(Rev. 6/7/18)
4181

PLEASE PRINT OR TYPE ALL INFORMATION

Form with sections: OWNER, PARTNERSHIP, OR CORPORATION CHARTER NAME; PHYSICAL LOCATION OF BUSINESS REQUIRED; MAILING ADDRESS; TYPE OF OWNERSHIP; NAME(S) OF BUSINESS OWNER, PARTNERS, OR OFFICERS. Includes fields for SSN, NAME/TITLE, HOME ADDRESS, and IF PARTNER PERCENT OWNED.

Solvent Used _____ Name of Solvent Supplier _____

REGISTRATION FEE

The number of employees employed by the owner for the twelve month period preceding payment of the fee is: (check one)
(1) Up to four employees - \$ 750.00 (2) Five to ten employees - \$1500.00 (3) Eleven or more employees - \$2250.00

STATE OF _____ COUNTY OF _____

Personally appeared before me _____ who being duly sworn deposes and says: (Taxpayer's Name)

That he is the _____ of the Company whose title and address appears (Title)

hereon and that the information contained in this application for a dry cleaning facility registration, is true and correct.

Sworn to and subscribed before me this _____ day of, _____ year of _____.

(Taxpayer Signature) _____ Notary Public _____ (L.S.)

Mail this application and registration fee to: SC Department of Revenue, P.O. Box 125, Columbia, SC 29214-0850.

If you have questions about this form contact this office at RegistrationForTaxes@dor.sc.gov or call 1-844-898-8542, Registration option.

Social Security Privacy Act Disclosure

It is mandatory that you provide your social security number on this tax form. 42 U.S.C 405(c)(2)(C)(i) permits a state to use an individual's social security number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SC Department of Revenue shall provide identifying numbers, as prescribed, for securing proper identification. Your social security number is used for identification purposes.

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