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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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