To: All Retail Vendors and/or Artist and Craftsmen Vendors  
From: South Carolina Department of Revenue  
Re: 30th Annual NMB St. Patrick’s Day Parade & Festival – 03/17/18

The South Carolina Department of Revenue (SCDOR) divides festivals and events into two categories. This particular event (30th Annual St. Patrick’s Day Parade & Festival) is defined as a Retail Event. A Retail Event is a promotional show, trade show, fair, festival, or carnival for which an admissions fee is not required for entering the event.

If you are operating at a Retail Event, you will be required to register for a retail license and to collect and remit the South Carolina sales tax: Operating without a valid South Carolina license could result in fines up to $500 for each occurrence.

If you are an organization devoted exclusively to public or charitable purposes, then you may be exempt from the retail license and sales tax requirements. You MUST contact the Revenue Officer noted below to discuss your situation.

**What you should do:**
- Complete form SCDOR-111 Tax Registration Application enclosed with this letter for your retail license.
- Pay the $50 license fee with your application. Please note that if your business ownership type is a Corporation or LLC you must register with the South Carolina Secretary of State before we can process your application. You may contact them at 803-734-2158.
- Submit your application to Revenue Officer: Brittany Baker at the address below.

SC Department of Revenue  
Attn: Brittany Baker  
1350 Farrow Parkway, Suite 200  
Myrtle Beach, SC 29577

- Contact Revenue Officer Brittany Baker if you have any questions at 843-492-2021.
- Contact the Revenue Officer noted above if you are a public or charitable organization.
- If you already have a valid SC Retail License, please provide the d/b/a and license number and send it to the Revenue Officer named above.

D/B/A__________________________

SC Retail License Number_________________
SPECIAL EVENT SALES TAX RETURN

30th Annual St. Patrick's Day Parade & Festival
Saturday, March 17, 2018

Each retailer is required by law to keep suitable records of gross sales as they may be necessary to determine the correct amount of tax due. The sales tax applicable in this county is 8%.

- Contact Brittany Baker if you have any questions at 843-492-2021
- Complete this form and mail it to the address below with a check, money order or cashier’s check made payable to SCDOR

SC Department of Revenue
Attn: Brittany Baker
1350 Farrow Parkway, Suite 200
Myrtle Beach SC 29577

MUST BE POSTMARKED BY (5 days after Event ends)

Total Gross Taxable Sales $ __________________
Multiply Sales by % x __________________
SALES TAX DUE $ __________________

______________________________  ____________________
Signature                      Date

______________________________  ____________________
Name of Business (please print) Phone Number

______________________________
Address

______________________________  ________________
City                            State  Zip Code

******If you have a SC Retail License******
Complete and return this form, without payment, along with your retail license number for informational purposes. You will still need to report and pay the sales tax due with your regular sales tax return.

SC RETAIL LICENSE NUMBER ________________________________
Section A: Taxes to be Registered for This Business Location - Make Checks Payable to SCDOR

1. Owner, Partnership, or Corporate Charter Name

2. FEIN

3. Mailing Address (for all correspondence)

4. Type of Ownership
   - Sole Proprietor (one owner)
   - Partnership (two or more owners, other than LLP)
   - LLC/LLP filing as:
     - Corporation
     - Partnership
     - Single Member
   - South Carolina Corporation

5. Business Phone Number

6. Daytime Phone Number

7. Email Address

8. Fax Number

9. Physical Location of Business (No P.O. Box)
   - Required For All Tax Types

10. Is Physical Location within Municipal Limits?
    - Yes
    - No

   Which municipality? (i.e. city/town)

   Are you an S.C. Resident?
    - Yes
    - No

   How long have you lived in S.C.? _______ YR _______ MO

Section B: Retail Sales/Accommodations/Artist & Craftsman License/Use Tax

11. Purchaser's Certificate of Registration for Use Tax: Effective Date of Registration mm/dd/yy

12. Is Your Business Seasonal?
    - Yes
    - No

   If yes, list months active:

   You must file a zero return for active periods with no sales.

13. How Many Retail Sales Locations Do You Operate In S.C. under Your Ownership?

14. Trade Name (Doing Business As)

15. Location of Records (No P.O. Box)

16. Main Business (i.e., Retail Sales, Manufacturing, Service, etc.)

17. Anticipated Date of First Retail Sales mm/dd/yy

18. Type of Business

19. Check If You Sell These Products

Complete Page 2 of This Form to Apply for Withholding Tax
Section C: Withholding Tax

Every employer having employees earning wages in SC must register for withholding. Other types of payments also require state tax withholding. See instructions for more information.

20. Check the box that applies to your business:

☐ 02 Resident Business: Principal place of business is inside South Carolina.
☐ 05 Nonresident Business: Principal place of business is outside of South Carolina.

21. Filing Frequency for Withholding Returns (See Form 105 for withholding payment frequencies):

☐ Quarterly: Returns must be filed every quarter.
☐ 01 Annual: All employees are household employees, farmers, fishermen or ministers. Returns are filed at the end of each calendar year.

22. Anticipated Date of First Payroll (mm/dd/yyyy):

This date will be used as the open date of your withholding account, and returns must be filed beginning with this date regardless of activity.

Section D: Nonresident Withholding Exemption

Check the appropriate block to administratively register with the Department and claim exemption from nonresident withholding required by SC Code Sections 12-8-540 (rents and royalties), 12-8-550 (temporarily doing business or performing services in SC), or 12-8-570 (trust or estate beneficiaries). The exempt person agrees to be subject to the jurisdiction of the Department and the SC courts to determine SC tax liability, including withholding, estimated taxes, and interest and penalties, if any. Registering is not an admission of tax liability, and, does not, by itself, require the filing of a tax return.

See instructions for further information.

Main Business:

☐ I agree to file SC tax return
☐ I am not subject to SC Tax Jurisdiction (no NEXUS)

Section E: Name(s) of Business Owner, General Partners, Officers, or Members

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Name/Title/General Partners</th>
<th>Home Address</th>
<th>% Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Social Security Privacy Act

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 117-1 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.

Upon completion of both pages, sign and date the application below.

I certify that all information on this application, including any attachments, is true and correct to the best of my knowledge.

_____________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

SIGNATURE OF OWNER / ALL PARTNERS OR CORPORATE OFFICER ___________________________________________________________ TITLE __________________________ DATE __________________________

MAIL TO: SC DEPARTMENT OF REVENUE
REGISTRATION SECTION
COLUMBIA, SOUTH CAROLINA 29214-0140
If you have questions about this form, please call (803) 896-1350.