THIS LICENSE MUST BE PUBLICLY **DISPLAYED AS** PROVIDED BY LAW

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

RETAIL LICENSE

THIS LICENSE IS NEITHER TRANSFERABLE NOR **ASSIGNABLE** BEFORE POSTING READ INSTRUCTIONS BELOW

ST-1 (Rev. 08/28/18) 5000

OWNER NAME AND BUSINESS LOCATION:

LICENSE MUST BE RETURNED FOR ALL CHANGES AND/OR **CLOSE OF BUSINESS**

URBAN ELECTRIC COMPANY THE 2130 N HOBSON AVE N CHARLESTON SC 29405-2050

LICENSE NUMBER

010724754

URBAN ELECTRIC COMPANY THE 2130 N HOBSON AVE N CHARLESTON SC 29405-2050



INDUSTRY TYPE **EFFECT**

442299 01-Oct-2010

Letter ID: L0018785230

TRADE NAME AND MAILING ADDRESS

THIS LICENSE IS VALID FOR ABOVE LOCATION ONLY, CHANGE OF LOCATION OR OWNERSHIP REQUIRES NEW LICENSE

EACH PLACE OF BUSINESS MUST BE LICENSED SEPARATELY

File # 010724754

SID# 2218437

Charleston

North Charleston

2656

This retail license is issued pursuant to Article 5, Chapter 36, Title 12, Code of Laws of South Carolina, 1976, as amended. The retail license is valid so long as the person to whom it is issued continues in the same business at the same location as shown on license, unless revoked by the Department of Revenue for cause. It is presumed that a retailer is not continuing in the same business and must surrender the retail sales license if the retailer has no retail sales for twenty-four consecutive months. To allow the license to remain valid, the retailer may submit an affidavit to the department swearing that the business is continuing. If the business is closed, moved or sold, the licensee must complete the questions listed below and return this license to the SC Department of Revenue, PO Box 125, Columbia, SC 29214.

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OU	T OF BUSINESS OR CHANGE OF OWNERSHI	P (Also complete C-278)
DATE OF CLOSING OR SALE_		
NEW FIRM NAME		
NEW OWNER'S NAME OR NAM	MES	
СН	HANGE OF ADDRESS AND/OR TRADE NAME	(Also complete SC-8822)
IF BUSINESS LOCATION CHAP	NGES, RETURN THIS LICENSE AND COMPLETE CHANGE	E OF ADDRESS/BUSINESS LOCATION FORM SC-8822.

IF BUSINESS IS MOVED OR THE TRADE NAME IS CHANGED, GIVE THE: DATE BUSINESS MOVED _____ NEW TRADE NAME _____

NEW LOCATION ADDRESS _____

BUSINESS MUNICIPAL LIMITS

MAILING ADDRESS

NEW TELEPHONE NUMBER _____



INSTRUCTIONS

This is your new license. Please fold on the above perf marks and display in a conspicuous place.

If you have any questions concerning this license, please call the SC Department of Revenue 1-844-898-8542.

If the business is closed, moved, or sold, please complete the form above and return it with the original license to:

> South Carolina Department of Revenue **Registration Section** P.O. Box 125, Columbia, SC 29214-0400



*JP:309E:00078S:010IN:0A#:A2138379509J:0000037617