



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
Event Requirements

FS-150
(Rev. 01/15/20)
2200

Case ID: 0-001-385-819
Letter ID: L0019677617
Date Issued: September 14, 2021

16TH ANNUAL LITTLE RIVER SHRIMPFEET
4468 MINEOLA AVE
LITTLE RIVER SC 29566-8740

Event: 10/9/2021-10/10/2021

If you conduct sales more than once in a 24-month period, you must have a valid South Carolina Sales Retail License, collect Sales Tax, and pay the collected tax to the SCDOR. If you make sales without a valid license, you can be fined up to \$500 for each sale.

If you are a nonprofit or charitable organization, you may be exempt from these requirements.

What you need to do:

- To register for a South Carolina Sales Retail License, you must complete and submit SCDOR-111 and pay the \$50 license fee.
 - The easiest way to complete SCDOR-111 is by using our free online tax portal, MyDORWAY. You can register for an account at dor.sc.gov/register.
 - You can also complete and submit a paper copy of SCDOR-111, which can be found online at dor.sc.gov/forms.
- If you already have a valid South Carolina Sales Retail License:
 - Enter your DBA name and Sales Retail License number and mail a copy of this letter to the address below.

DBA: _____
Sales Retail License Number: _____

- File and pay Sales Tax online at MyDORWAY.dor.sc.gov.

Questions? We're here to help. Contact this office:

South Carolina Department of Revenue
Cory Johnson
1350 Farrow Parkway
Suite 200
Myrtle Beach, SC 29577
(843) 492-2020



SPECIAL EVENT AFFIDAVIT

16th Annual Little River ShrimpFest

10/9/2021-10/10/2021

This event qualifies as a special event according to SC Code Section 12-36-510 (c).

I am not required to have a South Carolina Retail License because:

- I have not conducted retail sales in South Carolina in the previous 12 months **and**
- I will not conduct retail sales in South Carolina in the next 12 months

If either statement is not true, you must apply for a South Carolina Retail License. Apply online at dor.sc.gov/register.

If both statements are true, complete the following information for our records. You are not registering for a Retail License.

1. Owner, partnership, or corporate charter name (legal name)		2. FEIN _____ SSN _____	
3. Mailing address (for all correspondence) _____ In Care Of _____ Street _____ City State ZIP		4. Type of ownership <input type="checkbox"/> Sole Proprietor (one owner) <input type="checkbox"/> Partnership (two or more owners, other than LLP) <input type="checkbox"/> LLC/LLP filing as: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Single Member <input type="checkbox"/> Corporation State and date incorporated _____ <input type="checkbox"/> Foreign Corporation State and date incorporated _____ <input type="checkbox"/> Other (explain) _____	
5. Business phone number	6. Daytime phone number		
7. Email	8. Fax number		
9. Physical location of business (no PO Box) _____ Street _____ City County State ZIP		10. Is physical location within municipal limits? <input type="checkbox"/> Yes <input type="checkbox"/> No Which municipality? _____ Are you an SC resident? <input type="checkbox"/> Yes <input type="checkbox"/> No How long have you lived in SC? ____ YR ____ MO	

I agree to collect and pay the applicable Sales Tax for the county I am selling in on the provided Special Event Return.

I certify that the information on this affidavit is true and correct to the best of my knowledge.

Signature of owner, at least one partner, or corporate officer

Title

Date



SPECIAL EVENT SALES TAX RETURN

Little River ShrimpFest

10/9/2021-10/10/2021

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 Cory Johnson if you have any questions at 843-492-2020
- 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: Cory Johnson
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 _____

1350



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE TAX REGISTRATION APPLICATION

SCDOR-111 (Rev. 10/20/20) 8048

dor.sc.gov

Save time by registering online at MyDORWAY.dor.sc.gov

*See SCDOR-111 Instructions, available at dor.sc.gov/forms, for additional details and assistance with completing this application.

Section A: Entity Registration Information

Registration Selection

- Registration Selection options: Sales & Use Tax (Section D), Withholding Tax (Section E), Nonresident Withholding Exemption (Section F)

1. Type of ownership

- Ownership options: Corporation, Limited Liability Company, Limited Liability Partnership, Limited Partnership, Partnership, Professional Association, Sole Proprietor, SC Resident, Non-Resident

2. ID Type (Required)

FEIN, SSN fields

3. Business Names

Legal, DBA fields

4. \$25 CL-1 Fee (This is not applicable for Sole Proprietors.)

- Fee payment options: Not paid, Paid at SOS, N/A

5. State and Date Incorporated (mm/dd/yy)

Section B: Owner, Partner, Officer, and Member Information

Table with columns: Social Security Number, Name, Title, Phone, Home Address, Ownership percentage

Section C: Business Addresses

Mailing address

Mailing address fields: Street address, Unit type, Unit, City, State, ZIP, In care of

Physical address (No PO Box)

Physical address fields: Street address, Unit type, Unit, City, ZIP, County, Municipality (required)

Section D: Account Details Retail License - \$50 Artist & Craftsman's License - \$20 Use Tax Certificate - No Fee

*A retail license will not be issued to a person or entity with any outstanding state tax liability.

6. Nature of business (Provide a brief description of your business activity.)

7. Sales & Use Account Commence Date (mm/dd/yy)

8. Filing Frequency (Zero return must be filed for active periods with no sales)

- Filing Frequency options: Monthly, Seasonal - list active months below:

9. Account Subtype

- Account Subtype options: Accommodations, Artist&Craftsman, Aviation Tax, Max Tax, Retail, Use Tax

10. NAICS Code Categories

- NAICS Code Categories: Agriculture, Forestry, Fishing, & Hunting (11); Mining (21); Utilities (22); Construction (23); Manufacturing (31-33); Wholesale Trade (42); Durable Medical Equipment (44); Max Tax (Vehicles) (44); Retail Trade (44-45); Artists & Craftsman (45); Transportation & Warehouse (48-49); Information (51); Finance & Insurance (52); Real Estate, Rental & Leasing (53); Professional, Scientific, & Technical Services (54); Management of Companies & Enterprises(55); Administrative & Support, Waste Management & Remediation Services (56); Education Services (61); Health Care & Social Assistance (62); Arts, Entertainment, & Recreation (71); Accommodation & Food Services (72); Other Services (81); Public Administration (92)

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11. Additional Sales Selections (check all that apply)			
<input type="checkbox"/> Large appliances	<input type="checkbox"/> Motor oil	<input type="checkbox"/> Prepaid wireless cards	<input type="checkbox"/> Rental surcharge
<input type="checkbox"/> Lead acid batteries	<input type="checkbox"/> Tires	<input type="checkbox"/> Service to cellular and personal communications users	
12. Sales Methods (check all that apply)			
<input type="checkbox"/> Art shows, craft shows, or festivals		<input type="checkbox"/> Physical storefront	
<input type="checkbox"/> Flea market		<input type="checkbox"/> Online website: _____	
<input type="checkbox"/> Online marketplace (which does not collect sales tax) Examples include Craigslist, Facebook Marketplace)		<input type="checkbox"/> Other: _____	
Section E: Account Details - Withholding			
Every employer with employees earning wages in South Carolina must register for Withholding. Other types of payments also require state tax Withholding. See instructions for more information.			
13. Withholding account date of first payroll (mm/dd/yy) _____		14. Sole Proprietor FEIN (required) _____	
15. Residency status of employer or Withholding agent			
<input type="checkbox"/> Resident business		<input type="checkbox"/> Nonresident business	
16. Filing frequency for Withholding returns (See Form 105 for Withholding payment frequencies)			
<input type="checkbox"/> Quarterly		<input type="checkbox"/> Annual (Must meet specific requirements. See instructions.)	
Section F: Nonresident Withholding Exemption			
Nonresident businesses who have activity but no employees in South Carolina can be granted exemption from Withholding Tax. See instructions for more information.			
Nature of business _____			
<input type="checkbox"/> I agree to file a South Carolina tax return		<input type="checkbox"/> I am not subject to South Carolina Tax Jurisdiction (no NEXUS)	
Section G: Banking Information			
17. Financial Institution	Phone number	Email	
_____	_____	_____	
Section H: Business Contact Information ***POAs must submit completed and signed SC2848			
18. Contact's name	Phone number	Email	
_____	_____	_____	
Notice of automatic additional account creation: Due to NAICS Code requirements, the applied for account may automatically generate a Business Personal Property Account. Additional notification by mail occurs when applicable.			
I certify that all information on this application, including any attachments, is true and correct to the best of my knowledge.			
Section I: Signatures, Titles, Dates			
Signature of owners, all partners, officers, and members	Title	Date signed	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

For more information on starting and running your business in South Carolina, visit scbos.sc.gov.

Make checks payable to SCDOR.

Mail to: SCDOR, PO Box 125, Columbia, SC 29214-0850

Social Security Privacy Act Disclosure

It is mandatory that you provide your Social Security Number on this tax form if you are an individual taxpayer. 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 SCDOR must provide identifying numbers, as prescribed, for securing proper identification. Your Social Security Number is used for identification purposes.