LOCATIONS
SUPPLEMENTAL FORM B

Give complete information for each location, including those for storage. Complete physical and mailing addresses, county and city and telephone number should be provided. **This form must also be completed for your main location listed in application Question 5 and all other locations listed in Question 7 of the application**. Each form must be signed and notarized.

Business: _____

DBA: _____

Physical
Address: _____

_____

Mailing
Address: _____

_____

Telephone: ( ) _____

Contact
Person: _____
County: _____

Within Limits of
What City: _____

Owner(s): _____

_____

_____

Employees:_____

_____

_____

_____

_____

_____

_____

_____

I swear or affirm and certify that I have completed and/or reviewed all information required in this application and that all information contained herein and in all addenda and supplemental forms is true and correct. I further certify that I understand that giving false information in this application or any addenda or supplemental forms constitutes cause for denial or revocation of my application for Certificate of Authority and subject me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes.

SWORN AND SUBSCRIBED to before me
this _____ day of _____ 20_____

_____
Notary Public for South Carolina
My Commission Expires: _____

_____
Signature

_____
Print your name and relationship to business