



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

SATELLITE LOCATION SUPPLEMENTAL FORM B2

Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 40-58-10 through -110 (Supp. 2004)
www.sccoconsumer.gov
803-734-4236/800-922-1594

Street Address
3600 Forest Drive, 3rd Floor
Columbia, SC 29204-4406

DO NOT FAX THIS FORM

(An original, signed and notarized form is required for each satellite location.)

The following information MUST be provided for each South Carolina satellite location. Complete the form in its entirety. This form may be duplicated. Use this form to notify the Department of any changes in the information contained herein. Incomplete information could result in delay or denial of your application. Physical and mailing address should include city, state and zip. Additionally, if any of the information on this form changes submit a new form.

Company Name:	_____	Manager/Supervisor	_____
Physical Address*:	_____ _____		
Mailing Address:	_____ _____	Employees: (List all employees by name For this location)	_____ _____ _____
Telephone No.	_____		
Fax No:	_____		
E-Mail:	_____		
Web Address:	_____		
Contact Person:	_____		
Business Hours:	_____	County:	_____

*Is physical address a residence? Yes No

Provide detailed directions to the physical location from 3600 Forest Drive Columbia, SC _____

Satellite records must be consolidated at a South Carolina main or branch office, list address of office below

Are they separated by county or combined together? _____

CHECK ONE	EFFECTIVE DATE
<input type="checkbox"/> Initial Application (Requires \$150 licensing fee)	_____
<input type="checkbox"/> Renewal (Requires \$150 licensing fee)	_____
<input type="checkbox"/> Add this location (Requires \$150 licensing fee)	_____
<input type="checkbox"/> **Relocation of satellite	_____
<input type="checkbox"/> Inactivate this location (Must terminate or transfer employees)	_____

**Former Address of Satellite

I swear or affirm and certify that I have completed and/or reviewed all information on this form and that all information contained herein is true, current and accurate. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes.

Signature of Owner/Employee

Type or Print Your Name and Business Relationship or Title

SWORN TO AND SUBSCRIBED before me
this _____ day of _____, 20__

The South Carolina Freedom of Information Act may require the Department of Consumer Affairs to release this form as a public record.

Notary Public For _____
My Commission Expires: _____