

TEXAS SALES AND USE TAX PERMIT

This permit is not transferable, and this side must be prominently displayed in your place of business.

Retailers: A seller may NOT accept a copy of this resale certificate. A certificate is necess TAXPAYER NAME, BUSINESS LOUIS OUTFITTERS LLC		You must obtain a new permit if there is a change of ownership, location, or business location name. Type of permit SALES AND USE TAX			
OSS OUTFITTERS LLC OSS OUTFITTERS LLC 6050 E HIGHWAY 67 STE 240 ALVARADO	TX	76009-7341		Taxpayer number 3-20821-8286-9 Location number 00002	
JOHNSON COUNTY AICS: 451110 Sporting Goods Stores E SHOW THIS BUSINESS IN THE FOLLOWING LOCAL SALES TAX AUTHORITIES:				First business date of location 04/01/2022	
SPD: JOHNSON CO ESD 1-B	EFF: 04/0		Glenn H	Hegar roller of Public Accounts	

You may need to collect sales and/or use tax for other local taxing authorities depending on your type of business.

For additional information, see "Collecting Local Sales and Use Tax" section on the back of this document.

If you have any questions regarding sales tax, visit our website at www.comptroller.texas.gov or call us at 1-800-252-5555.

Detach here and prominently display your permit only. Retain the portion below for your records.

01-300-P

Is the Information Printed on this Permit Correct?

The information printed on your permit is public information. It must be accurate and current. If there is an error, make corrections on the form below. Enter the correct information for incorrect items only. Detach the form and mail it to:

Comptroller of Public Accounts 111 E. 17th Street Austin, TX 78774-0100

More helpful information about your permit is on the back of this document.

Texas Sales and Use Tax Permit Corrections Form

Taxpayer name shown on the permit OSS OUTFITTERS LLC		If you need to make changes to				
Taxpayer number shown on the permit 32082182869	Location numb	er shown on the permit 00002	or to the	 your local sales tax authorities or to the NAICS code printed 		
Correct business location name		on your permit, see information on the back of this form.				
Correct business location (no P.O. Box or directions acce	epted)					
City	State	ZIP code	County	County		
•						
Correct taxpayer name	taxpayer name			Daytime phone (Area code and number)		
Correct mailing address						
City	State	ZIP code	Federal Employer Identification Number			
If you are no longer in business , enter the date of	of your last business trans	saction.		THE COM		
Sign Taxpayer or authorized agent		Date		000000264		