

## TEXAS SALES AND USE TAX PERMIT

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Retailers: A seller may NOT accept a copy of this permit in lieu of a property completed exemption or resale certificate. A certificate is necessary to document why tax is not collected on a sale.  TAXPAYER NAME, BUSINESS LOCATION NAME, and PHYSICAL LOCATION  LIMITLESS OFFROAD AND PERFORMANCE, LLC.  LIMITLESS OFFROAD AND PERFORMANCE, LLC.  2587 KOHUTEK RD  VICTORIA  VICTORIA COUNTY		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 Texpayer number 3-20607-3763-5  Location number 00002  First business date of location	
	otive Repair and Maintenance LLOWING LOCAL SALES TAX AUTHORITIES: EFF: 07/08/2019	Glenn Hegar Comptroller 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.

## 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 LIMITLESS OFFROAD AND PERFORMANCE, LLC.				If you need to make changes to	
Taxpayer number shown on the permit 32060737635	Location number shown on the permit 00002		or to the	your local sales tax authorities or to the NAICS code printed on your permit, see information	
Correct business location name				on the back of this form.	
Correct business location (no P.O. Box or directions acce	pted)				
City	State	ZIP code	County	County	
	Section 2		4-1-1		
rrect taxpayer name Daytin			Daytime phone (Area code	me phone (Area code and number)	
			of the state of	of the second to	
Correct mailing address	F 78 (1 - 25 ) 125 (25				
City	State	ZIP code	Federal Emplo	nployer Identification Number	
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If you are no longer in business, enter the date	of your last business trans	saction.	2 - San Se	STITE COM	
Taxpayer or authorized agent		Date		000000647	