



STATE OF NEVADA
DEPARTMENT OF TAXATION

Web Site: <https://tax.nv.gov>

1550 College Parkway, Suite 115
Carson City, Nevada, 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020
In State Toll Free: (866) 962-3707

LAS VEGAS OFFICE
700 E. Warm Springs Rd Suite 200
Suite 200
Las Vegas, Nevada, 89119
Phone: (702) 486-2300 Fax: (702) 486-2373

RENO OFFICE
4600 Kietzke Lane
Building L, Suite 235
Reno, Nevada, 89502
Phone: (775) 687-9999 Fax: (775) 688-1303

HENDERSON OFFICE
This Office is Closed.
Please visit the
Las Vegas Office, -
Phone: (702) 486-2300 Fax: (702) 486-2373

STEVE SISOLAK
Governor

JAMES DEVOLLD
Chair, Nevada Tax Commission

SHELLIE HUGHES
Executive Director

SAS FRANCOIS PARENT
1 PLACE DE LEUROPE
21630 POMMARD
FRANCE

Taxpayer ID: 1040576443-001
Correspondence ID: 2200014818346
Tax type: LQL
Date: 03/30/2022

CERTIFICATE OF COMPLIANCE RENEWAL

Your present license(s), listed below, will expire on 06/30/2022 unless it is renewed before this date.
If you wish to renew your license(s), you must return this COMPLETED RENEWAL and renewal fee(s), payable to:

Nevada Department of Taxation,
1550 College Parkway, Suite 115
Carson City, Nevada 89706-7939

Please indicate which license(s) to Renew or Cancel:

Certificate of Compliance

IF RENEWING COMPLETE ALL FIELDS BELOW:

Renewal

Fee

Renew

Cancel

Cancellation
Date

\$50

Pursuant to NRS 369.310 all license fees are due and payable on July 1 of each year. Between July 15 and July 31 of each year the fee may be paid with a penalty of 5% added to such fee. This form, fee(s) and any possible penalties must be received by July 31 of each year, or the license shall be cancelled automatically. Pursuant to NAC 360.396, if the amount of the penalty assessed is \$15 or less, the Department shall waive the penalty.
ANY CHANGES TO YOUR BUSINESS SUCH AS: ENTITY NAME, DBA OR ADDRESS FROM WHERE THE LIQUOR SHIPS, REQUIRE A COPY OF YOUR FEDERAL BASIC PERMIT ISSUED BY THE TTB REFLECTING THE CHANGE(S).

Company Name: _____

DBA: _____
Address from where the liquor ships: _____

Mailing Address: _____
Completed By: _____

Compliance Contact: _____ Ph No. () _____ Email: _____
_____ Ph No. () _____ Email: _____

Upon receipt of the renewal request and necessary payment, the Department will issue an updated license to your company.

IF THE TAXPAYER HAS FILED BANKRUPTCY AND IS CURRENTLY PROTECTED BY THE BANKRUPTCY STAY, THEN THIS NOTICE IS FOR INFORMATIONAL PURPOSES ONLY AND NOT A DEMAND FOR PAYMENT OR AN ATTEMPT TO COLLECT, RECOVER OR OFFSET ANY DEBT AGAINST THE TAXPAYER.