

County: Berkeley

Facility Type: Adult Day Care

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
LOW COUNTRY ACTIVE DAY CENTER 104 SPRINGHALL DR GOOSE CREEK, SC 29445-5335 FAC.#:843-553-1805 GOODSON WHITNEY PH#: Facility Email: WGOODSON@ACTIVEDAY.COM	Berkeley / Corporation 6 NESHAMINY INTERPLEX DR STE 401 FEASTERVILLE TREVOSSE, PA 19053 ACSR INC ADC-0195 / 02/28/2019	97
Number of Participants:		97

<b>Totals For Facility/License Type: <u>Adult Day Care</u></b>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>97</u>

County: Berkeley

Facility Type: Ambulatory Surgery

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
ROPER HOSPITAL AMBULATORY SURGERY BERKELEY 730 STONEY LANDING RD MONCKS CORNER, SC 29461-2948 FAC.#:843-719-5585 MANNARINO SHERRIE PH#: Facility Email: SHERRIE.MANNARINO@RSFH.COM	Berkeley / Non-Profit Corporation 730 STONEY LANDING RD MONCKS CORNER, SC 29461-2948 ROPER HOSPITAL INC ASF-0063 / 02/28/2019	4
Operating Rooms: 3 Procedure Rooms: 1 Endoscopy Rooms: 0		

<b>Totals For Facility/License Type: <u>Ambulatory Surgery</u></b>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>4</u>

County: Berkeley

Facility Type: Body Piercing

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>PREMIER PIERCING</b> 1111 N MAIN ST UNIT B SUMMERVILLE, SC 29483-7319 FAC.#:843-771-9893 LONSBERRY KARA PH#: 843-771-2903 <b>Facility Email:</b> LAZEBERRYLLC@GMAIL.COM	Berkeley / Sole Proprietorship 1111 N MAIN ST STE B SUMMERVILLE, SC 29483-7319 LAZAR JAMES AND LONSBERRY KARA <b>BP-0223 / 08/31/2018</b>	1

**Totals For Facility/License Type: Body Piercing**

Number of Activities/Facilities licensed: 1      Number Licensed Units: 1

County: Berkeley

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>BLAKE AT CARNES CROSSROADS LLC</b> 4015 2ND AVE SUMMERVILLE, SC 29486 FAC.#:843-376-3996 DAUGHERTY KATHRYN PH#: 843-376-3996 Facility Email: MICHAEL@CARDINALVENTURES.NET	Berkeley / Limited Liability 4015 2ND AVE SUMMERVILLE, SC 29486 BLAKE AT CARNES CROSSROADS CRC-1896 / 07/31/2018 (Renewal Pending)	114
Alzheimer Care:Yes Max # Resident:0	Alzheimer Unit: Yes Max # Beds: 40	
Certifications:None		
<b>GOOSE CREEK MANOR #1</b> 104 MARILYN ST GOOSE CREEK, SC 29445-3104 FAC.#:843-572-7442 HITCHMAN MARTINA E PH#: 843-572-7442 Facility Email: GOOSECREEKMANOR@AOL.COM	Berkeley / Limited Liability 42220 SWEET CT CHANTILLY, VA 20152 STAR CAPITAL INC CRC-2027 / 06/30/2019	7
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>GOOSE CREEK MANOR #2</b> 104 MARILYN ST GOOSE CREEK, SC 29445-3104 FAC.#:843-572-7442 HITCHMAN MARTINA E PH#: 843-572-7442 Facility Email: GOOSECREEKMANOR@AOL.COM	Berkeley / Limited Liability 104 MARILYN ST GOOSE CREEK, SC 29445-3104 STAR CAPITAL INC CRC-2028 / 06/30/2019	36
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>NELSON'S RESIDENTIAL CARE</b> 2504 HWY 311 CROSS, SC 29436-3339 FAC.#:843-753-7098 NELSON LUCILLE S PH#: 843-753-7098 Facility Email: LNELSON2527@HOTMAIL.COM	Berkeley / Sole Proprietorship 2504 HWY 311 CROSS, SC 29436-3339 LUCILLE S NELSON CRC-2004 / 11/30/2018	5
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>NEW BEGINNINGS OF PINEVILLE</b> 212 MITCHELLBAY LN PINEVILLE, SC 29468-3200 FAC.#:843-351-2240 RAVENELL HELEN W PH#: 843-351-2240 Facility Email: NEW.BEGINNINGS@TDS.NET	Berkeley / Sole Proprietorship 212 MITCHELLBAY LN PINEVILLE, SC 29468-3200 RAVENELL HELEN W CRC-1521 / 04/30/2019	4
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		

County: Berkeley

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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<p><b>OAKVIEW BOARDING HOME</b>                  1818 S LIVE OAK DR                  MONCKS CORNER, SC 29461-7216 FAC.#:843-761-3273                  BIASCAN ERLINDA M PH#: 843-761-3273  <b>Facility Email:</b> BIASCAN@YAHOO.COM</p> <p><b>Alzheimer Care:</b>No      <b>Max # Resident:</b>0</p>	<p>Berkeley / Corporation                  1818 S LIVE OAK DR                  MONCKS CORNER, SC 29461-7216                  OAKVIEW BOARDING HOME INC  <b>CRC-1153 / 04/30/2019</b></p> <p><b>Alzheimer Unit:</b> No      <b>Max # Beds:</b> 0</p>	<p>10</p>
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Certifications:None

<p><b>PINEWOOD PLACE</b>                  101 CENTENNIAL BLVD                  GOOSE CREEK, SC 29445-7079 FAC.#:843-569-2520                  GREENWOOD RAE-LYNN PH#: 843-569-2520  <b>Facility Email:</b> ALCLICENSE@ENLIVANT.COM</p> <p><b>Alzheimer Care:</b>Yes      <b>Max # Resident:</b>4</p>	<p>Berkeley /                  330 N WABASH AVE STE 3700                  CHICAGO, IL 60611-7605                  PINEWOOD AID OPCO LLC  <b>CRC-1406 / 11/30/2018</b></p> <p><b>Alzheimer Unit:</b> No      <b>Max # Beds:</b> 0</p>	<p>44</p>
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Certifications:None

<p><b>QUALITY CARE RESIDENTIAL HOME</b>                  107 ETLING AVE                  GOOSE CREEK, SC 29445-3001 FAC.#:843-863-0209                  DOTTERY VERNELL PH#: 843-863-0209  <b>Facility Email:</b> VERNELL@QUALITYCAREOFSC.COM</p> <p><b>Alzheimer Care:</b>No      <b>Max # Resident:</b>0</p>	<p>Berkeley /                  PO BOX 129                  CHINA GROVE, NC 28023                  QUALITY CARE RESIDENTIAL HOME SC LLC  <b>CRC-0715 / 01/31/2019</b></p> <p><b>Alzheimer Unit:</b> No      <b>Max # Beds:</b> 0</p>	<p>29</p>
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Certifications:None

<p><b>SUMMIT PLACE OF DANIEL ISLAND</b>                  320 SEVEN FARMS DR                  DANIEL ISLAND, SC 29492-7532 FAC.#:843-884-4104                  WOOLLEY KATHRYN D PH#: 843-884-4104  <b>Facility Email:</b> LICENSING@5SSL.COM</p> <p><b>Alzheimer Care:</b>No      <b>Max # Resident:</b>0</p>	<p>Berkeley / Limited Liability                  400 CENTRE ST                  NEWTON, MA 02458-2094                  SNH SE DANIEL ISLAND TENANT LLC  <b>CRC-1282 / 05/31/2019</b></p> <p><b>Alzheimer Unit:</b> No      <b>Max # Beds:</b> 0</p>	<p>76</p>
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Certifications:None

**Totals For Facility/License Type:** Community Residential Care Facility  
 Number of Activities/Facilities licensed: 9      Number Licensed Units: 325

County: Berkeley

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>CONIFER I COMMUNITY RESIDENCE</b> 110 RESINWOOD DR MONCKS CORNER, SC 29461 FAC.#:843-761-0300 WILSON SUSAN PH#: 843-761-0300 <b>Facility Email:</b> ASHOOK@BCISERVICES.ORG	Berkeley / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0119 / 05/31/2019</b>	8
<b>CONIFER II COMMUNITY RESIDENCE</b> 114 RESINWOOD DR MONCKS CORNER, SC 29461 FAC.#:843-761-0300 WILSON SUSAN PH#: 843-761-0300 <b>Facility Email:</b> ASHOOK@BCISERVICES.ORG	Berkeley / State PO BOX 4706, DDSN C/O RUFUS BRITT COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0120 / 05/31/2019</b>	8

**Totals For Facility/License Type: Habilitation R15**

**Number of Activities/Facilities licensed: 2      Number Licensed Units: 16**

County: Berkeley

Facility Type: Hospice Program

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>PRUITTHEALTH HOSPICE-CHARLESTON</b> 139 GATEWAY DR LADSON, SC 29456 FAC.#:843-573-8623 PH#:	Berkeley / Corporation 171 CHURCH ST STE 210 CHARLESTON, SC 29401 PRUITTHEALTH HOSPICE INC <b>HPC-0114 / 11/30/2018</b>	15
<b>Facility Email:</b> LDANKO@PRUITTHEALTH.COM		
<b>Counties Served:</b> Aiken, Allendale, Bamberg, Barnwell, Berkeley, Calhoun, Charleston, Clarendon, Colleton, Dorchester, Edgefield, Lexington, McCormick, Orangeburg, Richland		

<b>Totals For Facility/License Type:</b> <u>Hospice Program</u>	
<b>Number of Activities/Facilities licensed:</b> <u>1</u>	<b>Number Licensed Units:</b> <u>15</u>

County: Berkeley

Facility Type: Inhome Care Provider

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>AISHA'S DIVINE SETTING HOME CARE</b> 320 CIRCADAS SONG DR MONCKS CORNER, SC 29461 FAC.#:855-277-8885 BROUGHTON AISHA PH#: 843-568-9812 Facility Email: AISHASDIVINESETTING@GMAIL.COM	Berkeley / Limited Liability  AISHA'S DIVINE SETTING HOME CARE LLC <b>IHCP-0654 / 03/31/2019</b>	- 1
<b>AN ANGELS TOUCH LLC</b> 219 N HWY 52 STE J MONCKS CORNER, SC 29461-3926 FAC.#:843-291-3355 PETERSON KIMBERLY L PH#: 843-291-3355 Facility Email: MFRANK@ANANGELSTOUCH.BIZ	Berkeley / Limited Liability PO BOX 938 MONCKS CORNER, SC 29461-0938 AN ANGELS TOUCH LLC <b>IHCP-0338 / 08/31/2018</b>	- 1
<b>COMPLETE CARE</b> 204 SUMMER VIEW RD SUMMERVILLE, SC 29486 FAC.#:631-921-5886 PH#: Facility Email: COMPLETECARE@MAIL.COM	Berkeley / Sole Proprietorship 204 SUMMER VIEW RD SUMMERVILLE, SC 29483 BAILEY LAURA <b>IHCP-0400 / 12/31/2018</b>	- 1
<b>ICAREDEEPLY</b> 207 MARKET HALL ST MONCKS CORNER, SC 29461 FAC.#:843-761-2451 PH#: Facility Email: JEREMIAHHENDERSON40@YAHOO.COM	Berkeley / Limited Liability 207 MARKET HALL ST MONCKS CORNER, SC 29461 ICAREDEEPLY LLC <b>IHCP-0732 / 07/31/2018 (Renewal Pending)</b>	- 1
<b>PALMETTO HOME CARE SPECIALISTS LLC</b> 114 SPRINGHALL DR GOOSE CREEK, SC 29445 FAC.#:843-452-6739 PH#: Facility Email: DAVETHEDPM@YAHOO.COM	Berkeley / Limited Liability 114 SPRINGHALL DR GOOSE CREEK, SC 29445 PALMETTO HOME CARE SPECIALISTS LLC <b>IHCP-0084 / 03/31/2018 (Renewal Pending)</b>	- 1
<b>PATHWAYS HOME CARE SERVICES</b> 3266 PINWOOD DR LADSON, SC 29456 FAC.#:843-970-8290 PH#: Facility Email: PATHWAYSHOMECARESERVICES@GMAIL.COM	Berkeley / Limited Liability 3266 PINWOOD DR LADSON, SC 29456 PATHWAYS HOME CARE SERVICES LLC <b>IHCP-0677 / 07/31/2018 (Renewal Pending)</b>	- 1
<b>S &amp; J EXCELLENT CARE AGENCY</b> 1168 SCHURLKNIGHT RD ST STEPHEN, SC 29479 FAC.#:843-826-2008 PH#: Facility Email: LADYBPAIGE67@GMAIL.COM	Berkeley / Limited Liability  S & J EXCELLENT CARE AGENCY LLC <b>IHCP-0861 / 06/30/2019</b>	- 1

<b>Totals For Facility/License Type: <u>Inhome Care Provider</u></b>	
Number of Activities/Facilities licensed: <u>7</u>	Number Licensed Units: <u>- 7</u>



County: Berkeley

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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<b>HEARTLAND HEALTH AND REHABILITATION CARE CENTER-HANAHAN</b> 1800 EAGLE LANDING BLVD HANAHAN, SC 29410-8517 FAC.#:843-553-0656 GREEN DWIGHT PH#: 843-553-0656 Facility Email: 4015ADMIN@HCR-MANORCARE.COM Licensed Beds: Nursing Home: 135 Institutional Nursing Home: 0	Berkeley / Limited Liability 333 N SUMMIT ST, LICENSURE SUPPORT TOLEDO, OH 43604-1531 HEARTLAND-CHARLESTON OF HANAHAN SC LLC NCF-0526 / 12/31/2018	135
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Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

<b>LAKE MOULTRIE NURSING HOME</b> 1038 MCGILL LN SAINT STEPHEN, SC 29479-3196 FAC.#:843-567-2307 DRIGGERS JOANN C PH#: 843-567-2307 Facility Email: JDRIGGERS@CLARENDONLTC.ORG	Berkeley / District PO BOX 1108 SAINT STEPHEN, SC 29479-1108 CLARENDON HOSPITAL DISTRICT NCF-0738 / 12/31/2018	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

<b>FRUITTHEALTH-MONCKS CORNER</b> 505 S LIVE OAK DR MONCKS CORNER, SC 29461-3554 FAC.#:843-761-8368 WALROND JEFF PH#: 843-761-8368 Facility Email: CFLANSBURG@FRUITTHEALTH.COM	Berkeley / Limited Liability 505 S LIVE OAK DR MONCKS CORNER, SC 29461-3554 FRUITTHEALTH-MONCKS CORNER LLC NCF-0943 / 10/31/2018	132
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Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

<b>RETREAT AT WELLMORE OF DANIEL ISLAND</b> 580 ROBERT DANIEL DR CHARLESTON, SC 29492 FAC.#:843-566-1000 SEEDS ASHLEY PH#: 843-566-1000 Facility Email: BTHOMPSON@MAXWELL-GROUP.COM	Berkeley / Limited Liability 3530 TORINGDON WAY STE 204 CHARLOTTE, NC 28277-3431 WELLMORE OF DANIEL ISLAND LLC NCF-0965 / 03/31/2019	60
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Licensed Beds: Nursing Home: 60 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

<b>Totals For Facility/License Type: <u>Nursing Home</u></b>	
Number of Activities/Facilities licensed: _____ 4	Number Licensed Units: _____ 415

County: Berkeley

Facility Type: PSAD Outpatient

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>ERNEST E KENNEDY CENTER</b> 306 AIRPORT DR MONCKS CORNER, SC 29461-2629 FAC.#:843-761-8272 TILGHMAN JR JEROME E PH#: 843-761-8272 <b>Facility Email:</b> JTILGHMAN@EKCENTER.ORG	Berkeley / Non-Profit Corporation 306 AIRPORT DR MONCKS CORNER, SC 29461-2629 ERNEST E KENNEDY CENTER (INC) <b>OTP-0025 / 06/30/2019</b>	2

Certifications:None

<b>TRUE HEART COUNSELING</b> 255 N HWY 52, HAYNES OFFICE PLAZA STE 1 MONCKS CORNER, SC 29461-3927 FAC.#:843-761-1444 ALEXANDER DARREN L PH#: 843-761-1444 <b>Facility Email:</b> TRUEHEARTCOUNSELING@GMAIL.COM	Berkeley / Limited Liability 255 N HWY 52, HAYNES OFFICE PLAZA STE 1 MONCKS CORNER, SC 29461-3927 TRUE HEART COUNSELING LLC <b>OTP-0101 / 08/31/2018</b>	1
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Certifications:None

<b>Totals For Facility/License Type: <u>PSAD Outpatient</u></b>	
<b>Number of Activities/Facilities licensed: _____ 2</b>	<b>Number Licensed Units: _____ 3</b>

County: Berkeley

Facility Type: Renal Dialysis

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
DCI GOOSE CREEK 98 HAMLET CIR GOOSE CREEK, SC 29445-8100 FAC.#:843-863-8633 SALVADOR IMELDA P PH#: Facility Email: SUSAN.WATTS@DCIINC.ORG	Berkeley / Non-Profit Corporation 1411 KING ST CHARLESTON, SC 29403-3008 DIALYSIS CLINIC INC ERD-0172 / 09/30/2018	17
<p>Licensed Stations: Hemodialysis: 17 Peritoneal: 0</p>		
FRESENIUS MEDICAL CARE LOWCOUNTRY HOME DIALYSIS 1980 N MAIN ST SUMMERVILLE, SC 29483-7812 FAC.#:843-695-0061 WESTBURY ANGELA PH#: 843-695-0061 Facility Email: ANNE.DURANT@FMC-NA.COM	Berkeley / Limited Liability 1980 N MAIN ST SUMMERVILLE, SC 29483-7812 FRESENIUS MEDICAL CARE GOOSE CREEK HOME DIALYSIS LLC ERD-0218 / 02/28/2019	6
<p>Licensed Stations: Hemodialysis: 0 Peritoneal: 6</p>		
FRESENIUS MEDICAL CARE MONCKS CORNER 112 MCCORMICK CIR MONCKS CORNER, SC 29461-3152 FAC.#:843-899-4953 ZUNIGA SHALES PH#: 843-899-4953 Facility Email: ANNE.DURANT@FMC-NA.COM	Berkeley / Limited Liability 112 MCCORMICK CIR MONCKS CORNER, SC 29461-3152 RAI CARE CENTERS OF SOUTH CAROLINA I LLC ERD-0152 / 11/30/2018	25
<p>Licensed Stations: Hemodialysis: 25 Peritoneal: 0</p>		
GOOSE CREEK DIALYSIS 109 GREENLAND DR GOOSE CREEK, SC 29445-5354 FAC.#:843-377-1199 SINGLETARY RN CHERYL S PH#: 000-000-0000 Facility Email: LASHUNDRA.IVERY@DAVITA.COM	Berkeley / Corporation 5200 VIRGINIA WAY STE 400, LICENSING AND CERTIFICATION BRENTWOOD, TN 37027-7569 TOTAL RENAL CARE INC ERD-0164 / 09/30/2018	17
<p>Licensed Stations: Hemodialysis: 17 Peritoneal: 0</p>		

Totals For Facility/License Type: <u>Renal Dialysis</u>	
Number of Activities/Facilities licensed: <u>4</u>	Number Licensed Units: <u>65</u>

County: Berkeley

Facility Type: Tattoo Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>BLU GORILLA II TATTOO</b> 105 EAGLE RD STE 3 GOOSE CREEK, SC 29445-5991 FAC.#:843-573-7341 DENNIS TIMOTHY A PH#: 843-789-2244 <b>Facility Email:</b> BLUGORILLA.ALYX@GMAIL.COM	Berkeley / Limited Liability 1409 KING ST CHARLESTON, SC 29403-3008 BLU GORILLA TATTOO INC <b>TF-0018 / 12/31/2018</b>	4
<b>LUCK OF THE DRAW KUSTOM TATTOO</b> 1907 VARNER ST STE C2 SUMMERVILLE, SC 29486 FAC.#:843-934-8282 CAISON CHRISTOPHER W PH#: 843-934-8282 <b>Facility Email:</b> LUCKOFTHEDRAWKUSTOMTATTOO@GMAIL.COM	Berkeley / 1907 VARNER ST STE C2 SUMMERVILLE, SC 29486 CHRISTOPHER CAISON <b>TF-0313 / 07/31/2019</b>	5
<b>MOTORCITY INK</b> 2072 N MAIN ST SUMMERVILLE, SC 29483-7866 FAC.#:843-714-4042 WAKEFIELD JON W PH#: 843-714-4042 <b>Facility Email:</b> MOTORCITYINK@HOTMAIL.COM	Berkeley / Limited Liability 2072 N MAIN ST SUMMERVILLE, SC 29483-7866 MOTORCITY INK LLC <b>TF-0154 / 04/30/2019</b>	6
<b>MYSTIC TIKI TATTOO &amp; GALLERY</b> 1204 N MAIN ST STE E SUMMERVILLE, SC 29483-7343 FAC.#:843-851-8287 REED JASON C PH#: 843-819-1003 <b>Facility Email:</b> JR9716@MSN.COM	Berkeley / 1204 N MAIN ST STE E SUMMERVILLE, SC 29483-7343 FLAMING TIKI LLC <b>TF-0032 / 12/31/2018</b>	4

<b>Totals For Facility/License Type: <u>Tattoo Facility</u></b>	
Number of Activities/Facilities licensed: _____ 4	Number Licensed Units: _____ 19

Number of Activities/Facilities licensed in county of :	<u>Berkeley</u>	# Lics: _____ 36
		Number Licensed Units : _____ 953

Report Totals

Total Number of Activities/Facilities licensed: \_\_\_\_\_ 36      Total Number Licensed Units: \_\_\_\_\_ 953