


To be eligible for a new Alcohol License, you must meet the applicable requirement:

- **Sole Proprietorship:** You must have been a resident of South Carolina for at least 30 days.
- **General Partnership:** The Partnership must have been formed in South Carolina for at least 30 days.
- **Corporation, Limited Liability Corporations (LLCs), and Limited Liability Partnerships (LLPs):** The entity must have been registered with the South Carolina Secretary of State's (SCSOS) office for at least 30 days.

Submit all of the following documents that apply:

- 1. Completed application, signed and dated
- 2. Permit fees
- 3. Completed ABL-946 for each principal
- 4. Completed ABL-920
- 5. Criminal record check (CRC) for all principals that is less than 90 days old
 - If the principal is not an SC resident, the statewide CRC must be submitted from the current state of residency.
 - If the principal has lived in SC for less than two years, the statewide CRC must be submitted from the previous state of residency and from SLED at www.sled.sc.gov.
 - If the principal has lived in SC for two years or more, submit the CRC from SLED at www.sled.sc.gov.
 - Attach a disposition for any charge that does not list the court charges determination.
- 6. Brewer's Notice and a copy of your Basic Permit issued by the Alcohol and Tobacco Tax and Trade Bureau (TTB), if applying as a brewery

LLCs, LLPs, and General Partnerships are required to submit:

- LLC Operating Agreement, Partnership Agreement, or the ABL-919

Social Security Privacy Act Disclosure

It is mandatory that you provide your Social Security Number on this tax form if you are an individual taxpayer. 42 U.S.C. 405(c)(2)(C)(i) permits a state to use an individual's Social Security Number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SCDOR must provide identifying numbers, as prescribed, for securing proper identification. Your Social Security Number is used for identification purposes.

1350

dor.sc.gov



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
APPLICATION FOR REGISTRATION OF
BEER AND WINE PRODUCER OR IMPORTER

ABL-500
(Rev. 10/5/22)
4270

Mail to: SCDOR, ABL Section, PO Box 125, Columbia, SC 29214-0907

Email: ABL@dor.sc.gov

Permit Fee: \$400 biennially

Expires: August 31 of even numbered years

File Number: _____

PRINT ALL INFORMATION

Form with 11 numbered sections: 1. Legal entity name or sole proprietor, 2. Physical location of business, 3. Mailing address, 4. Type of ownership, 5. Trade name, 6. Business phone number, 7. FEIN/SSN, 8. Email, 9. Check one (Brewery, Winery, Beer producer/importer, Wine producer/importer), 10. Does the applicant own or have a financial interest..., 11. Does your TTB permit indicate that you are a wholesaler/distributor?

DESIGNATED AGENT

You must designate a person to receive all notices from the SCDOR concerning your license and/or permit. These notices will be sent to the person at the mailing address shown in question 3. It is your responsibility to keep the SCDOR advised of any change regarding this person or your mailing address as the law will presume you received all notices sent to the address you have given us.

Name of designated agent or compliance agent

Compliance agency name, if applicable

Applications take at least six to eight weeks to process. If the application is denied by the SCDOR, this process will be delayed.

Beer, wine, and liquor are governed by SC Code of Laws Title 61, Chapters 2, 4, and 6; Title 12 Chapters 21 and 33; Title 20 Chapter 7, and Title 33 Chapter 42. Regulations are found in Chapter 7 of the Code of Regulations. Read the full code sections at dor.sc.gov/policy.

I certify that this business meets the legal requirements under South Carolina law for the license and/or permit type for which this application is being filed. I understand that a misstatement or concealment of fact in an application is sufficient grounds for the revocation of the license and/or permit. Under penalties of perjury, I declare that I have read and understood this form and the information I have provided is true, correct, and complete.

Principal's Signature

Date

42701011

1350

dor.sc.gov



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**APPLICATION FOR BEER/WINE
BRAND REGISTRATION**

ABL-569

(Rev. 10/5/22)
4286

Mail to: SCDOR, ABL Section, PO Box 125, Columbia, SC 29214-0907

Email: ABL@dor.sc.gov

Alcohol Beverage License number _____ Registered producer/importer name _____

Contact Person _____ Email _____ Phone _____

Address _____
Street _____

City _____

State _____

ZIP _____

INSTRUCTIONS:

- List all labels and/or brands you intend to ship and the wholesalers/distributors you ship to. If you need additional space, submit additional copies of the ABL-569.
- Attach a copy of the Certificate of Label Approval (COLA) from the Tax and Trade Bureau (TTB) for each label and/or brand listed. If the alcohol content is less than 7% ABV, attach a copy of the label or brand.
- Provide a copy of the label and formula approval from TTB for flavored malt beverages without a Certificate of Label Approval (COLA).
- You may only ship to the licensed South Carolina wholesalers/distributors listed.
- Provide a Letter of Authority from the product owner giving you authority to register their product.
- Beer must contain less than 18% ABV.
- Wine must not contain more than 21% ABV.

Label and/or Brand Name (list full name)	ABV%	Size	Wholesalers/Distributors



Mail to: SCDOR, ABL Section, PO Box 125, Columbia, SC 29214-0907

Email: ABL@dor.sc.gov

What you need to know:

- The SCDOR cannot issue a license and/or permit to anyone that owes delinquent taxes, penalties, or interest.
- You are waiving your rights under SC Code Sections 12-54-240 and 30-2-1. You can read the full code sections at dor.sc.gov/policy.
- The SCDOR has the right to share information with other principals or applicants in order to process the application or renewal.

Legal entity name _____ FEIN _____

Principal's name _____

Home address (no PO box) _____
Street

City _____ State _____ ZIP _____

Date of SC residency (mm/dd/yyyy) _____ Date of birth (mm/dd/yyyy) _____

SSN _____ FEIN _____ Percent of ownership _____

Principal types (Check one):

- Owner Corporate officer Partner Member (LLC) Manager (LLC)
- Employee/Manager Nonprofit officer Fiduciary Publicly traded agent

Have you as an individual, or as an organization in which you were a principal, had any license to sell beer, wine, or liquor revoked or suspended in this state or any other state?

Yes No **If yes, you must attach an explanation.**

Have you been convicted of a crime in South Carolina or any other state?

Yes No **If yes, you must attach an explanation.**

I understand that a misstatement or concealment of fact in an application is sufficient grounds for the revocation of the license and/or permit. Under penalties of perjury, I declare that I have read and understood this form and the information I have provided herein is true, correct, and complete.

Principal's Signature

Date

Social Security Privacy Act Disclosure

It is mandatory that you provide your Social Security Number on this tax form if you are an individual taxpayer. 42 U.S.C. 405(c)(2)(C)(i) permits a state to use an individual's Social Security Number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SCDOR must provide identifying numbers, as prescribed, for securing proper identification. Your Social Security Number is used for identification purposes.



Mail to: SCDOR, ABL Section, PO Box 125, Columbia, SC 29214-0907

Email: ABL@dor.sc.gov

This form is required by SC Code Section 8-29-10 and Title 61. See the full code section at dor.sc.gov/policy.

I, _____ of _____ ,
Print clearly first, middle, and last name Home address (no PO box)
 _____ ,
City State ZIP

being first duly sworn, deposes and state the following:

Name change/alias: Yes No

If yes, list: _____

Check ONLY one box.

1. I am a **United States Citizen**.
2. I am a **Legal Permanent Resident**.
3. I am a **Qualified Alien** under the Federal Immigration and Nationality Act, Public Law 82-44.
4. I am a **Foreign Citizen**, and resident of _____
Country of residency
 and reside at _____ , _____
Home address (no PO box) City, State, and ZIP
5. Other (**Explain**): _____

Date of birth (mm/dd/yyyy) Alien Registration number

YOU MUST ATTACH A COPY OF ALL IMMIGRATION DOCUMENTS

This affirmation must be completed by all applicants or the application will be denied. This affirmation will also apply during any renewal. Any change in immigration or citizenship status must immediately be reported to the SCDOR. Willfully making a false statement on this affirmation is a felony, punishable by fines and/or imprisonment.

Under penalty of perjury and recognizing that I am subject to the criminal and civil penalties imposed by Title 12 of the South Carolina Code of Laws, I declare that I have examined this affirmation and to the best of my knowledge and belief, it is true, correct, and complete.

I understand that a misstatement or concealment of fact in an application is sufficient grounds for the revocation of the license and/or permit. Under penalties of perjury, I declare that I have read and understood this form and the information I have provided herein is true, correct, and complete.

Principal's Signature

Date