



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

ABL-500
(Rev. 11/17/08)
4270

Mail to: SCDOR, ABL Section, Columbia, SC 29214-0907
Telephone: (803) 898-5864 **DOR Website:** www.sctax.org

For Office Use Only

▶ File Number _____
▶ License Period Ending 8/31 _____
▶ DLN _____
▶ DLN _____
▶ _____
14-3961-0009
▶ _____
SLED 34-3973-9000

PLEASE PRINT OR TYPE ALL INFORMATION

Fee: \$400 Biennially
(Expires August 31st in even numbered years)

1. Owner, Partnership, or Corporate Charter Name _____

2. Physical Location of Business Required (No P.O. Box)

_____ STREET

CITY COUNTY (REQUIRED) STATE ZIP

3. Mailing Address (For all Correspondence)

_____ STREET

CITY COUNTY STATE ZIP

4. Type of Ownership

Sole Proprietor (one owner) Partnership (two or more owners) LLC/LLP
 SC Corporation Date Inc. _____ Foreign Corporation (Attach copy of Articles of Certificate of Authority)
 Non-Profit Organization Other (Explain) _____

5. Trade Name (Doing Business As) _____

6. Business Phone Number _____ Daytime Phone Number _____

7. Federal Identification Number and/or Social Security Number _____

8. **MUST ATTACH COPY OF TTB BASIC PERMIT.**

9. Check One: Brewery Winery
 Importer Beer Wine
 Enter Importer Permit Number _____

10. Name(s) of business owner, general partners, principals, members or officers:

Social Security Number	Name/Title/General Partners	Home Address	Date of Birth

Back of Form must be completed.

11. Does the applicant own or have a financial interest in a beer or wine wholesale or retail business? Yes No
If yes, please describe the nature of the interest and when this interest was acquired. _____

I, _____ Title _____
(Name of individual or entity applying)

of the firm of _____
herby certify that the information contained in this application and the attached Form 569 is true and correct to the best of my knowledge and belief. The Department of Revenue shall have the right within the Statutory limitations to audit and examine the books and records, papers and memoranda of this form with respect to the administration and enforcement of laws administered by the SC Department of Revenue and the South Carolina Law Enforcement Division.

Signature of individual on behalf of applicant

Social Security Privacy Act Disclosure

It is mandatory that you provide your social security number on this tax form if you are an individual taking this credit. 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 SC Department of Revenue shall provide identifying numbers, as prescribed, for securing proper identification. Your social security number is used for identification purposes.

