


**APPLICATION PACKET FOR SPECIAL EVENT  
BEER, WINE, AND ALCOHOLIC LIQUOR**

Mail to: SC Department of Revenue, Alcoholic Beverage Licensing, Columbia, SC 29214-0907.

**Schedule of Fees**

Beer and wine only - \$10.00 per day  
Alcoholic liquors - \$35.00 per day  
Beer, wine and alcoholic liquors - \$45.00 per day

**This application MUST BE FILED  
at least Fifteen days prior to your  
special event.**

Fees must be submitted at the time application is made. If your event is to last past midnight, an additional day's fee is required. Please submit the correct fee at time of application. Fees are nonrefundable should your application not be approved or if you cancel or reschedule your event. If you are not sure of the correct fee to submit, you are advised to call our public assistance number (803) 898-5864 for information. If this application is denied or protested, it may take up to six months to obtain a hearing or decision.

**Records Check Information**

All principals must attach a criminal records check (CRC), not more than 90 days old. If the principal has lived in SC for more than 2 years, obtain the CRC from SLED at [www.sled.state.sc.us](http://www.sled.state.sc.us) or mail requests to: SLED Headquarters, Criminal Records Department, 4400 Broad River Road, P. O. Box 21398, Columbia, SC, 29221. If the principal has lived in SC less than 2 years, obtain a CRC from previous state of residency AND a CRC from SLED. If the principal is not a SC resident, obtain a CRC from current state of residency.

**Location Approval**

Permits and licenses are issued for a specific location only. Once you have been approved for the location for which you have applied, you cannot transfer the license or permit to another location.

**A. Effect of permit or license:**

A **special event beer and wine permit authorizes** the sale of beer and wine at special events and allows the consumption of those beverages on the licensed premises. Permits cannot be issued for a period exceeding fifteen days. Permits are issued for fairs and special events. A **special event alcoholic liquors license authorizes** the sale of alcoholic liquors at bona fide nonprofit functions and are issued to **nonprofit organizations only**, i.e., educational foundations, bona fide nonprofit organizations (must have an eleemosynary charter from the SC Secretary of State) or a political party or affiliate certified by the Secretary of State. If you are not sure of the type of special event liquor license you may qualify for, you are advised to contact the South Carolina Department of Revenue at (803) 898-5864 for clarification before applying. Events extending beyond midnight require an additional day's fee for beer, wine and/or liquor.

**B. Qualifications for special event permits and/or licenses:**

1. Applicant must be twenty-one years of age.
2. Applicant must be a resident of SC for thirty days prior to the date of application.
3. Applicant must be of good moral character and must have attached a criminal records check conducted within the past 90 days.
4. The location, in the opinion of the SC Department of Revenue, must be suitable for sale and consumption of beer, wine, and/or liquor.
5. If applying for a special event alcoholic liquors license, you must submit a copy of the association's charter and bylaws.
6. Must have SC retail sales and/or admission tax license for this specific location; or proof of tax exemption. Contact the License and Registration Section at (803) 896-1350.
7. If an application for a permanent license is pending for this location, a special event license cannot be issued to the same location.
8. If applying for alcoholic liquors, ABL-900 and ABL-100 MUST be filed in the name of the NON-PROFIT ORGANIZATION.
9. EFFECTIVE JULY 1, 2008: Must attach completed appropriate residency status verification affidavit. Use Verification of Lawful Presence in the United States (ABL-577) for owners of sole proprietorships. Use Verification of Lawful Background for Applicant's Principal (ABL-920) for each principal, if other than a sole proprietor. Each principal, officer, owner, member and/or partner MUST sign the appropriate form. If applicable, include his/her non-citizen alien registration number and attach a copy of all appropriate immigration documents.
10. Must attach Certificate of Authority to do Business in SC from the South Carolina Secretary of State's Office, if applying as a foreign corporation.
11. Additional Requirements: Form ABL-100 (attached) must be completed and returned with your application. Applications for alcoholic liquor license require a copy of the organization's bylaws and nonprofit charter. APPLICATIONS WILL NOT BE PROCESSED WITHOUT THESE.

**LEGAL DISCLAIMER**

The information provided here is for general guidance only. It should not be considered as, or substituted for, legal advice. The department's staff is not permitted to give legal advice. Please read the laws, regulations, and applicable court decisions carefully before applying.



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**APPLICATION FOR SPECIAL EVENT BEER,  
WINE, AND/OR LIQUOR**

**This application MUST BE FILED at least Fifteen days prior to your special event.**

Check which application type(s) is/are being applied for:

▶ File Number \_\_\_\_\_

CHECK	TYPE(S) LICENSE APPLYING FOR	GLDC	END DATE	FEE	Document Locator Number
	Beer/Wine (TBP) ▶	14-3961 1008 ▶			
	Alcoholic Liquors (TLP) ▶	14-3951 1010 ▶			

Retail Sales License # \_\_\_\_\_

Retail Sales Tax Exemption # \_\_\_\_\_ ▶ TOTAL PAID \$ \_\_\_\_\_

Admission Tax License # \_\_\_\_\_

or Admission Tax Exemption Cert. (must attach copy of exemption certificate)

1. Applicant's Name \_\_\_\_\_  
Individual, Corporate Charter Name, Partnership Name, or Name of Unincorporated Association

2. Trade Name (doing Business as) \_\_\_\_\_

3. Type of Ownership ( ) Sole Proprietor ( ) Partnership ( ) LLC/LLP ( ) Unincorporated Association  
( ) Corporation Date Incorporated: \_\_\_\_\_ State Incorporated: \_\_\_\_\_

4. If a Corporation or Association, are you Publicly Traded? ( ) Yes ( ) No

5. Location address where event is to be held \_\_\_\_\_  
Physical Address (Must Include Street Number)

\_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

6. Federal Identification Number \_\_\_\_\_

7. Business Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

8. Date of Birth \_\_\_\_\_

9. Mailing Address \_\_\_\_\_  
Street

\_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

10. Is this location within SC municipal limits? ( ) Yes ( ) No

If Yes, which city \_\_\_\_\_

11. Is the location presently licensed to sell beer, wine, or alcoholic liquor? ( ) Yes ( ) N

If "Yes," list the licensee's name and File# as it appears on their license or permit. **MUST ATTACH COPY OF LEASE FOR THIS EVENT.**

Licensee's Name \_\_\_\_\_ File # \_\_\_\_\_

Back of form must be filled out

12. Beginning date of event \_\_\_\_\_ Beginning Time \_\_\_\_\_ AM PM  
Ending date of event \_\_\_\_\_ Ending Time \_\_\_\_\_ AM PM

13. What relationship exists between you and the current licensee? \_\_\_\_\_  
**If your function is being held at a licensed location, the person or organization applying for the special event license cannot have ANY relationship with the person or organization holding the permanent license beyond that of lessor-lessee.**

14. Type of event (dance, festival, fund raiser, etc.) \_\_\_\_\_

15. Complete this question only if you are applying for a special event alcoholic liquor license.

Type of organization ( ) Nonprofit organization (submit a copy of your charter)  
( ) Political party or affiliate certified by the Secretary of State

16. Have you, anyone with a financial interest in this event, or anyone to be employed by you at this event, with or without compensation, ever been convicted of a crime? ( ) Yes ( ) No. Attach explanations of any convictions.

17. Have you attached your criminal records check on all principals obtained from SLED? ( ) Yes ( ) No

18. Are you selling tickets to the event? ( ) Yes ( ) No

19. Are you charging admission? ( ) Yes ( ) No

20. Name of Contact Person \_\_\_\_\_

Contact's Phone Number (required) \_\_\_\_\_

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**UNDER PENALTY OF PERJURY, I DO HEREBY ATTEST/STATE THE FOLLOWING:**

GOOD CHARACTER: That, neither I nor any employee to be employed on the licensed premises have been convicted of a crime that I have not disclosed on this application.

CONSENT TO SEARCH: That I consent to the search of the premises covered by the license and/or permit by a SLED agent, law enforcement officer or agent of the South Carolina Department of Revenue.

AFFIRMATION STATEMENT: That by my signature below, the answers given to the questions in this application are true, to the best of my knowledge and that I have not falsified any information given in this application.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**CONSENT AND WAIVER**

ABL-946 Rev. 1/7/09

File Number: \_\_\_\_\_

\_\_\_\_\_  
Name of Corporation, Partnership, LLC, etc. FEI

SC Code Section 61-2-160 prohibits the issuance of any permits or license under Title 61 if the applicant or any principal owes delinquent taxes, penalties, or interest to the SC Department of Revenue. The signature(s) below authorizes the SC Department of Revenue to release to any party, person or entity, law enforcement requests for purposes of processing this application or responding to questions related thereto, any information including but not limited to problems with the application, reasons for denial, delinquent taxes, outstanding liabilities, failure to file returns, penalties, or interest.

1 - 12 is a list of principal types. Each principal type must complete and sign a box below. **If a required principal does not sign, this application will be denied.**

**Principal Types:**

1. The owner (if sole proprietorship);
2. All officers of the business or entity which owns the business;
3. All partners (limited partners that cannot exercise management control need not sign);
4. All persons who own twenty-five percent (25%) or more of the value of the business entity;
5. All persons who own twenty-five percent (25%) or more of the combined voting power of the business or entity;
6. Members and Managers of a limited liability company which is managed by managers;
7. Members of a limited liability company which is not managed by managers;
8. Any fiduciary who manages, controls title, or is otherwise in control of the business;
9. All employees who will have day-to-day operational management responsibility for the business or entity; and,
10. If a publicly traded corporation, the designated license holder (designated agent) (must be over 21 and a resident of S.C.).
11. All other principals must be listed also. If not a publicly traded corporation, list all stockholders.
12. If a nonprofit organization, list all officers and directors of the organization.

\_\_\_\_\_  
Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Yr/Mo/Date of SC Residency \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Federal Employer Identification No. \_\_\_\_\_

Principal/Type: (use above #1-12) \_\_\_\_\_ % of ownership \_\_\_\_\_ Signature \_\_\_\_\_

Have you as an individual, or as an organization in which you were a principal, had revoked or suspended in this state or any other state any license to sell beer, wine, or alcoholic liquors?  Yes  No **If yes, attach explanation.**

Have you been convicted of a crime in South Carolina or any other state?  Yes  No **If yes, attach explanation.**

\_\_\_\_\_  
Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Yr/Mo/Date of SC Residency \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Federal Employer Identification No. \_\_\_\_\_

Principal/Type: (use above #1-12) \_\_\_\_\_ % of ownership \_\_\_\_\_ Signature \_\_\_\_\_

Have you as an individual, or as an organization in which you were a principal, had revoked or suspended in this state or any other state any license to sell beer, wine, or alcoholic liquors?  Yes  No **If yes, attach explanation.**

Have you been convicted of a crime in South Carolina or any other state?  Yes  No **If yes, attach explanation.**

**Additional Space on Back.**

File Number: \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Yr/Mo/Date of SC Residency \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Federal Employer Identification No. \_\_\_\_\_

Principal/Type: (use above #1-12) \_\_\_\_\_ % of ownership \_\_\_\_\_ Signature \_\_\_\_\_

Have you as an individual, or as an organization in which you were a principal, had revoked or suspended in this state or any other state any license to sell beer, wine, or alcoholic liquors?  Yes  No **If yes, attach explanation.**

Have you been convicted of a crime in South Carolina or any other state?  Yes  No **If yes, attach explanation.**

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Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Yr/Mo/Date of SC Residency \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Federal Employer Identification No. \_\_\_\_\_

Principal/Type: (use above #1-12) \_\_\_\_\_ % of ownership \_\_\_\_\_ Signature \_\_\_\_\_

Have you as an individual, or as an organization in which you were a principal, had revoked or suspended in this state or any other state any license to sell beer, wine, or alcoholic liquors?  Yes  No **If yes, attach explanation.**

Have you been convicted of a crime in South Carolina or any other state?  Yes  No **If yes, attach explanation.**

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Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Yr/Mo/Date of SC Residency \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Federal Employer Identification No. \_\_\_\_\_

Principal/Type: (use above #1-12) \_\_\_\_\_ % of ownership \_\_\_\_\_ Signature \_\_\_\_\_

Have you as an individual, or as an organization in which you were a principal, had revoked or suspended in this state or any other state any license to sell beer, wine, or alcoholic liquors?  Yes  No **If yes, attach explanation.**

Have you been convicted of a crime in South Carolina or any other state?  Yes  No **If yes, attach explanation.**

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Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Yr/Mo/Date of SC Residency \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Federal Employer Identification No. \_\_\_\_\_

Principal/Type: (use above #1-12) \_\_\_\_\_ % of ownership \_\_\_\_\_ Signature \_\_\_\_\_

Have you as an individual, or as an organization in which you were a principal, had revoked or suspended in this state or any other state any license to sell beer, wine, or alcoholic liquors?  Yes  No **If yes, attach explanation.**

Have you been convicted of a crime in South Carolina or any other state?  Yes  No **If yes, attach explanation.**



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**VERIFICATION OF LAWFUL PRESENCE  
IN THE UNITED STATES**

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF \_\_\_\_\_ )

**FOR INTERNAL USE ONLY**  
Case Verification Number \_\_\_\_\_  
Result \_\_\_\_\_

Pursuant to the provisions of the South Carolina Illegal Immigration Reform Act, S.C. Code Ann. Section 8-29-10, et seq., every agency of this State shall verify the lawful presence in the United States of any alien 18 years of age or older who has applied for state or local public benefits.

The undersigned \_\_\_\_\_ of \_\_\_\_\_  
(Print clearly First, Middle and Last name) (Home Address)

\_\_\_\_\_ being first duly sworn deposes and states as follows:  
(City, State and Zip Code)

Name Change/ Alias:  Yes  No If yes, please list: \_\_\_\_\_

**Check ONLY One Box:** See reverse side for Instructions, Definitions, and Accepted Documents.

I am a **United States Citizen** eighteen years of age or older.

I am a **Legal Permanent Resident** eighteen years of age or older.

I am a **Qualified Alien** under the Federal Immigration and Nationality Act, Public Law 82-44, eighteen years of age or older, and lawfully present in the United States.

Other (**Explain**): \_\_\_\_\_

\_\_\_\_\_  
Date of Birth Alien Registration Number  
**(MUST ATTACH COPY OF IMMIGRATION DOCUMENTS)**

**I UNDERSTAND AND ACKNOWLEDGE** that a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit executed pursuant to *South Carolina Code Section 8-29-10* entitled *Verification of Lawful Presence* shall in addition to other sanctions imposed by this state or the United States, be guilty of a felony and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

**I UNDERSTAND AND ACKNOWLEDGE** that any person who fails to execute this Affidavit will automatically be denied the license to which it applies. That further, the representations made in this Affidavit shall continue throughout the license period and any subsequent renewals; and I understand and agree to notify the Department of any change of my legal status as a U.S. citizen, legal permanent resident or alien lawfully present in the United States.

**Under of penalty of perjury, I hereby declare that I have examined this Affidavit and to the best of my knowledge and belief, it is true, correct and complete.**

\_\_\_\_\_  
Signature of Affiant

**SWORN to and subscribed before me** this  
\_\_\_\_\_day of \_\_\_\_\_, year of \_\_\_\_\_

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary (L.S.) \_\_\_\_\_

Notary (printed name) \_\_\_\_\_

**REQUIRED:** Fill out completely.

License Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
(Name)

Contact Person Phone Number: (\_\_\_\_) \_\_\_\_\_

**Check box 1 –**

If you are a **US Citizen** by birth or naturalization.

**Check box 2 –**

If you are a **legal permanent resident** and you are not a US citizen, but are residing in the US under legally recognized and lawfully recorded permanent residence as an immigrant.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

**Check box 3 –**

If you are a **qualified alien**. You are a qualified alien if you are:

- an alien who is lawfully admitted for permanent residence under the INA;
- an alien who is granted asylum under Section 208 of the INA;
- a refugee who is admitted to the United States under Section 207 of the INA;
- an alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year;
- an alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3);
- an alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980;
- an alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980;
- an alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

**Accepted Immigration documents:**

Unexpired Foreign passport with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization

Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)

Unexpired Temporary Resident Card (INS Form I-688)

Unexpired Employment Authorization Card (INS Form I-688)

Unexpired Reentry Permit (INS Form I-327)

Unexpired Refugee Travel Document (INS Form I-571)

Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-688B)



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**VERIFICATION OF LAWFUL BACKGROUND  
FOR APPLICANT'S PRINCIPAL**

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

**FOR INTERNAL USE ONLY**  
Case Verification Number \_\_\_\_\_  
Result \_\_\_\_\_

Pursuant to the provisions of South Carolina Code Ann. Sections 61-2-90; 61-2-100; 61-4-520; 61-6-20; 61-6-110; 61-6-1820 every principal that is an individual must submit the following information:

The undersigned \_\_\_\_\_ of \_\_\_\_\_,  
(Print clearly First, Middle and Last name) (Home Address)

\_\_\_\_\_ being first duly sworn deposes and states as follows:  
(City, State and Zip Code)

Name Change/ Alias:  Yes  No If yes, please list: \_\_\_\_\_

**Check ONLY One Box:** See reverse side for Instructions, Definitions, and Accepted Documents.

- I am a **United States Citizen** eighteen years of age or older.
- I am a **Legal Permanent Resident** eighteen years of age or older.
- I am a **Qualified Alien** under the Federal Immigration and Nationality Act, Public Law 82-44, eighteen years of age or older, and lawfully present in the United States.
- I am a **Foreign Citizen**, and resident of \_\_\_\_\_  
(Country of Residency)  
and reside at \_\_\_\_\_,  
(Street Address) (City, State, and Zip Code)
- Other (**Explain**): \_\_\_\_\_

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Alien Registration Number

**(MUST ATTACH COPY OF IMMIGRATION DOCUMENTS)**

**I UNDERSTAND AND ACKNOWLEDGE** that any person who fails to execute this Affidavit will automatically be denied the license to which it applies; and further, that the representations made in this Affidavit shall apply throughout any license(s) or renewals issued; and further, that I shall have an affirmative duty to immediately advise the Department of Revenue in any change of my immigration or citizenship status.

**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 Affidavit and to the best of my knowledge and belief, it is true, correct and complete.**

\_\_\_\_\_  
Signature of Affiant

**SWORN to and subscribed before me** this  
\_\_\_\_\_day of \_\_\_\_\_, year of \_\_\_\_\_

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary (L.S.) \_\_\_\_\_

Notary (printed name) \_\_\_\_\_

**REQUIRED:** Fill out completely.

License Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
(Name)

Contact Person Phone Number: (\_\_\_\_) \_\_\_\_\_

**Check box 1 –**

If you are a **US Citizen** by birth or naturalization.

**Check box 2 –**

If you are a **legal permanent resident** and you are not a US citizen, but are residing in the US under legally recognized and lawfully recorded permanent residence as an immigrant.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

**Check box 3 –**

If you are a **qualified alien**. You are a qualified alien if you are:

- an alien who is lawfully admitted for permanent residence under the INA;
- an alien who is granted asylum under Section 208 of the INA;
- a refugee who is admitted to the United States under Section 207 of the INA;
- an alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year;
- an alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3);
- an alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980;
- an alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980;
- an alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

**Check box 4 –**

If you are a non immigrant and you are an alien who seeks temporary entry to the US for a specific purpose. The alien must have a permanent residence abroad (for most classes of admission) and qualify for the nonimmigrant classification sought. The nonimmigrant classifications include: foreign government officials, visitors for business and for pleasure, aliens in transit through the US, treaty traders and investors, students, international representatives, temporary workers and trainees, representatives of foreign information media, exchange visitors, fiancé(e)s of US citizens, intracompany transferees, NATO officials, religious workers, and some others. Most nonimmigrant can be accompanied or joined by spouses and unmarried minors (or dependent) children.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

**Accepted Immigration documents:**

- Unexpired Foreign passport with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization
- Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
- Unexpired Temporary Resident Card (INS Form I-688)
- Unexpired Employment Authorization Card (INS Form I-688)
- Unexpired Reentry Permit (INS Form I-327)
- Unexpired Refugee Travel Document (INS Form I-571)
- Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-688B)



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**LAW ENFORCEMENT NOTIFICATION SPECIAL  
EVENT BEER, WINE AND LIQUOR APPLICATION**

**ABL-100**  
(Rev. 10/15/08)  
4263

**This Part to be Completed by the Applicant**

Take this form to the Chief of Police (if your special event is to be located within the city limits of a city or town that has a police department). Otherwise, take this form to the Sheriff of the county where your special event is to be held. **This form must be signed by the appropriate law enforcement official and submitted with your application.**

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Physical Street Address of special event

\_\_\_\_\_  
(Dates of special event)

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
ZIP Code

**This Part to be Completed by your Sheriff or Chief of Police**

I have been informed by the above referenced person about his or her application for a special event license to sell beer, wine, or alcoholic liquor at the address shown above. I understand that

(  ) I do not object to the issuance of this special event license

(  ) I wish to object to the issuance of this application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of authorized law enforcement official

\_\_\_\_\_  
Print name and title of authorized official

\_\_\_\_\_  
Department and Official's phone number

**If this form is not completely filled out, your application will be returned to you.**

**PLEASE NOTE:** THE ENTIRE ABL-900 APPLICATION **MUST** BE PRESENTED TO LAW ENFORCEMENT OFFICIALS AT THE TIME THE ABL-100 IS SUBMITTED.