



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**APPLICATION FOR REGISTRATION OF  
ALCOHOLIC LIQUOR PRODUCER OR IMPORTER**

**ABL-107**  
(Rev. 11/13/08)  
4264

**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 \_\_\_\_\_

▶ DLN \_\_\_\_\_

▶ DLN \_\_\_\_\_

▶ \_\_\_\_\_ 14-3961-0009

▶ \_\_\_\_\_ 34-3973-9000

SLED

**PLEASE PRINT OR TYPE ALL INFORMATION**

**Fee: \$400 Biennially**  
**(Expires August 31 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. Name(s) of business owner, general partners, principals, members or officers:

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

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

**Back of Form must be completed.**

I, \_\_\_\_\_  
(Name of individual or entity applying)

\_\_\_\_\_  
Title

of the firm of \_\_\_\_\_  
herby certify that the information contained in this application and the attached ABL-107A and ABL-107B 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.

61-6-2860 A registered producer of alcoholic liquors must, at the time of application for registration in this State, file with the department an affirmation of corporate policy with regard to sales of all brands owned, controlled, sold, offered for sale, franchised, or distributed by the producer in this State. The affirmation must certify that the producer shall not willfully sell or offer for sale any alcoholic liquors of a particular brand and proof in any other state at a price lower than the price these liquors are sold or offered for sale to licensed South Carolina wholesalers. Quantity discount prices for liquors sold to monopoly states or elsewhere must not be considered to be violations of the producer's affirmation if these discount prices are also offered to South Carolina wholesalers for purchases in the same quantities. A registered producer who fails to file this affirmation or willfully violates the pledges contained in the affirmation must have its registration and privileges to import and sell alcoholic liquors in the State revoked, cancelled, or suspended. (see South Carolina Code Annotated § 61-6-2860.)

\_\_\_\_\_  
Signature of individual on behalf of applicant

**Social Security Privacy Act Disclosure**

It is mandatory that you provide your social security number on this form. 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. SC Regulation 117-1 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.



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**APPLICATION FOR REGISTRATION OF  
BRANDS/WHOLESALERS OF ALCOHOLIC LIQUORS**

**ABL-107A**  
(Rev. 11/13/08)  
4288

Mail to: SC Department of Revenue, ABL Section,  
Columbia, SC 29214-0907.

**For Office Use Only**

- ▶ File Number \_\_\_\_\_
  - ▶ License Period Ending \_\_\_\_\_
  
  - ▶ DLN \_\_\_\_\_
  - ▶ DLN \_\_\_\_\_
  
  - ▶ Amount Paid \_\_\_\_\_
- 14-3951-0006

In accordance with Title 61, Chapter 6 Article 7, Code of Laws for SC, 1976, as amended, the Registered Producer noted below does hereby make application to register the following brands of alcoholic liquors for shipment into the State of South Carolina.

Registered producer address: \_\_\_\_\_  
\_\_\_\_\_

List Federal (TTB) certificate No.: \_\_\_\_\_

Contact person: \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

**INSTRUCTIONS: You must list all brands you intend to ship and the wholesaler you ship to. If additional space is needed, this form may be reproduced. Please attach copy of Federal Label approval for each brand listed.**

Brand Name (list full brand name)	Proof	Age	Wholesaler

FEES: There is no fee for the first five (5) brands registered. The fee for each additional brand over five is \$20.00 per brand.  
Total fees submitted: \_\_\_\_\_



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**APPLICATION FOR REGISTRATION  
OF PRODUCER REPRESENTATIVE**

**ABL-107B**  
(Rev. 11/13/08)  
4290

**Mail to:** SC Department of Revenue, ABL Section,  
Columbia, SC 29214-0907.

**For Office Use Only**

- ▶ File Number \_\_\_\_\_
- ▶ License Period Ending \_\_\_\_\_
- ▶ DLN \_\_\_\_\_
- ▶ DLN \_\_\_\_\_
- ▶ Amount Paid \_\_\_\_\_  
14-3951-0006
- ▶ \_\_\_\_\_  
SLED 34-3973-9000

**Fee: \$250 Biennially**  
**(Expires August 31 in even numbered years)**

In accordance with Title 61, Chapter 6, Article 7 Code of Laws for SC, 1976, as amended, the undersigned does hereby make application for registration as the South Carolina representative of the following Registered Producer:

Registered producer and address: \_\_\_\_\_

and for that purpose submit the following information:

1. Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
2. Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Business Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Are you a resident of South Carolina? \_\_\_\_\_ How long? \_\_\_\_\_  
**Must be a resident of South Carolina for 30 days prior to applying.**
5. Do you have a direct or indirect interest in a wholesale or retail liquor business in South Carolina?  Yes  No
6. Telephone number where you can be reached during business hours: \_\_\_\_\_

7. I do hereby certify that the SC Department of Revenue shall have the right within statutory limitations to audit and examine the books and records, papers, and memoranda of the applicant, with respect to the administration and enforcement of laws administered by the SC Department of Revenue and the South Carolina Law Enforcement Division.

8. **EFFECTIVE JULY 1, 2008:** Must attach completed appropriate residency status verification affidavit. Use Verification of Lawful Presence in the US (ABL-577) for producer representative. If applicable, include his/her non-citizen alien registration number and attach a copy of all appropriate immigration documents.

I have read the instructions to this application and to the best of my knowledge, all information provided with this application is true and accurate.

**SWORN to and subscribed before me this**

\_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_

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

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

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

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

\_\_\_\_\_  
**(Applicant Sign Here)**



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)