



For your application to be processed you must fulfill ALL of the following requirements:

ABL 902 Checklist:

- 1. Completed application, signed, dated and notarized.
- 2. Submit nonrefundable filing fees, if applicable.
- 3. Submit an Affidavit of Publication from the newspaper running your ad. The affidavit must include a copy of your ad. If you have just started your ad in the newspaper and have not received the ad and affidavit, you **MUST** include the receipt from the newspaper with your application. Forward the ad and affidavit from the newspaper as soon as the newspaper provides it to you. Your license/permit cannot be issued until this is received. **(NOTE: Not required for beer/wine wholesalers)**
- 4. Must complete the "Consent and Waiver" of the application.
- 5. Must attach a copy of Articles of Incorporation if applying as a corporation.
- 6. Must attach a copy of Articles of Organization, and Operating Agreement, if applying as a Limited Liability Corp. (LLC).
- 7. Must attach partnership agreement, if applying as a partnership or Limited Liability Partnership (LLP).
- 8. 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 or SLED Headquarters, Criminal Records Department, 4400 Broad River Rd., 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 principal is not a SC resident, obtain a CRC from current state of residency.
- 9. If you own the property you must submit a copy of the deed or tax bill; if not, submit a copy of your lease.
- 10. Must attach Certificate of Authority to do Business in SC from the SC Secretary of State's office, if applying as a foreign corporation.
- 11. **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.



STATE OF SOUTH CAROLINA
 DEPARTMENT OF REVENUE
**APPLICATION FOR IN-STATE BREWERY, WINERY, LIQUOR
 MANUFACTURER, BEER/WINE AND/OR LIQUOR WHOLESALER**

ABL-902
 (Rev. 7/22/09)
 4309

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

File Number: _____

License Type	Nonrefundable Filing Fee	License Fee
<input type="checkbox"/> Brewery or winery	\$ 300.00	\$ 400.00 biennially
<input type="checkbox"/> Wholesale beer and/or wine	\$ 300.00	\$ 2,200.00 biennially
<input type="checkbox"/> Liquor manufacturer	\$ 200.00	\$ 50,200.00 biennially
<input type="checkbox"/> Wholesale liquor	\$ 200.00	\$ 20,200.00 biennially
<input type="checkbox"/> Liquor micro-distillery	\$ 200.00	\$ 5,200.00 biennially

PLEASE PRINT OR TYPE ALL INFORMATION			
1. OWNER, PARTNERSHIP, OR CORPORATE CHARTER NAME <hr/>	6. TRADE NAME (DOING BUSINESS AS) <hr/>		
2. PHYSICAL LOCATION OF BUSINESS REQUIRED (NO P.O. BOX) <hr/> <p style="text-align: center;">STREET</p> <hr/> <p>CITY COUNTY (REQUIRED) STATE ZIP</p>	7. BUSINESS PHONE NUMBER <hr/>		DAYTIME PHONE NUMBER <hr/>
3. MAILING ADDRESS (FOR ALL CORRESPONDENCE) <hr/> <p style="text-align: center;">IN CARE OF</p> <hr/> <p style="text-align: center;">STREET</p> <hr/> <p>CITY COUNTY STATE ZIP</p>	8. FEDERAL IDENTIFICATION NUMBER AND/OR SOCIAL SECURITY NO <hr/>		
4. TYPE OF OWNERSHIP <input type="checkbox"/> SOLE PROPRIETOR (one owner) <input type="checkbox"/> PARTNERSHIP (two or more owners) <input type="checkbox"/> LLC/LLP <input type="checkbox"/> SC CORPORATION DATE INC. _____ <input type="checkbox"/> FOREIGN CORPORATION (ATTACH COPY OF ARTICLES OF CERTIFICATE OF AUTHORITY). <input type="checkbox"/> NON-PROFIT ORGANIZATION <input type="checkbox"/> OTHER (EXPLAIN) _____	9. NATURE OF BUSINESS <hr/>		
5. DO YOU HAVE ANY OWNERSHIP INTEREST ON ANY OTHER DISTRIBUTION TIER? IF SO, PLEASE SPECIFY: <hr/> <hr/> <hr/>			
10. LOCATION OF RECORDS (NO P.O. BOX) <hr/>			

COMPLETE REVERSE SIDE OF THIS FORM

DESIGNATED AGENT

A. (1) Give the name of the person you are appointing as the designated agent under § 61-2-100(F) for service of all notices concerning the permit or license: _____

The designated agent can be an owner, partner, officer, or any other person that the applicant wishes to receive notices from the Department. No person may act as agent for more than one business entity unless that person has an ownership interest in the entities. I understand that the Department will give me notice by mailing it to this person at the address shown above, and that it is my responsibility to inform the Department if this person or mailing address changes. **Must be 21 years of age and a resident of South Carolina.**

(2) Give the home address, date of birth for the designated agent and telephone numbers where the Department can contact this person (this should be the same mailing address shown on Box 3 of Application):

Home Address _____ City _____ State _____ ZIP _____
Date of Birth _____ Telephone # _____ (Home) _____ (Business) _____

B. **Must be completed for publicly traded corporations only. This information must also be listed on Schedule B.**

You must designate an officer or other employee of good moral character, over the age of twenty-one and a resident of South Carolina in whose name the permit or license will be held on behalf of your corporation. See § 61-2-100(H)(2)(i).

1. Designated officer or other employee: _____

Has the designated officer or other employee been convicted of a crime in South Carolina or any other state?
[] Yes [] No (You must reveal any convictions whether the designated officer or other employee went to jail or not. The S.C. State Law Enforcement Division will check the person's record for convictions, and your application may be denied if you do not correctly answer this question).

C. Contact person for SLED investigation purposes: Name _____
Telephone Number _____

Important Notice to be signed for all types of applications.

If applying for an off-premises beer and wine permit, wholesale beer and wine permit, or 7-day beer and wine permit, I do hereby stipulate that I will not permit the on-premises consumption of beer and wine on the licensed premises. I understand that a violation of this stipulation will be a violation against the permit and shall constitute sufficient grounds to suspend or revoke the beer and wine permit. 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. I understand that a misstatement or concealment of fact in an application is sufficient grounds for the revocation of the license or permit. I consent to the inspection of the licensed premises by any agent of the SCDOR or any law enforcement officer.

SWORN before me this

_____ day of _____, _____.
Applicant (owner, partner, or corporate officer)

Notary Public for South Carolina

My commission expires: _____

Processing of this application may take six to eight weeks. If the application is denied by the department or protested by a member of the public or law enforcement, it may take up to six months for a public hearing to be held, and a decision made on the application by the Administrative Law Court.

Social Security Privacy Act Disclosure

It is mandatory that you provide your social security number on this tax 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 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

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.**

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.**

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)

GENERAL INFORMATION FOR BEER, WINE, AND ALCOHOLIC LIQUOR APPLICATIONS

(Rev. 7/22/09)

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.

Processing of applications may take six to eight weeks, or more. If the application is denied by the department or protested by a member of the public or law enforcement, it could take up to six months or more for a hearing to be held and a decision made on the application by the Administrative Law Court.

This information in this form does not constitute all of the statutes and regulations established by law. See SC Code of Laws and Regulations at the Departments Website: <http://www.sctax.org>

Mail application to:

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

Telephone (803) 898-5864, FAX (803) 898-5899, DOR Website: <http://www.sctax.org>

Applicable laws:

Beer, wine and alcoholic liquors 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 can be found in Chapter 7 of the Code of Regulations. The SC Code of Laws and Regulations can be accessed over the web at <http://www.sctax.org>, <http://www.myscgov.com> or at your local public library.

GENERAL QUALIFICATIONS

A. Qualifications of applicants for all license types:

1. An applicant must be 21 years of age, be of good moral character, be a legal resident of the United States and if applying as a sole proprietor, must be a legal resident of South Carolina for **30 days prior to submitting an application to this department.**
2. The applicant must be the owner of the business seeking the license and must not previously have had a license revoked within the past five years.
3. All principals, officers, agents, and employees listed on the license must be over the age of 21 and be of good moral character. **A current criminal history background check of not more than 90 days old, on each principal, officer, and employee must accompany this application.**
4. Please check with the city and/or county authorities to insure you are in compliance with zoning laws and local business license requirements.

B. Tax liabilities:

A license or permit cannot be issued if the applicant or any principal has any outstanding tax liabilities with the SC Department of Revenue.

C. Sign posting: (Not required for beer/wine wholesalers)

1. An agent of the S.C. State Law Enforcement Division must post and remove a sign at the proposed place of business.
2. This sign must remain posted for at least fifteen days, and may be removed only by the SLED agent. If the sign disappears before the SLED Agent removes it, contact the S.C. Department of Revenue or SLED immediately. Permits/Licenses will not be issued until the afternoon of the fourth day after the sign is taken down by Agent; unless your published ad provides for a later date.

D. Newspaper advertisements: (Not required for beer/wine wholesalers)

1. A notice of application must be placed at least once a week for three consecutive weeks in a newspaper approved by the department for your area.
2. The notice must:
 - (a) be in the legal notices section of the newspaper or an equivalent section if the newspaper has no legal notices section;
 - (b) be in large type, covering a space of one column wide and at least two inches deep; and
 - (c) state the type of license applied for and the exact location of the proposed business. (An applicant applying for both a beer/wine permit and also an alcoholic liquor license may use the same advertisement for both if the department approves the advertisement.)
3. Your application may not be filed until you have furnished a receipt from the approved newspaper indicating that you have paid for the Notice of Application.
4. To complete your application, you must:
 - (a) Submit your Affidavit of Publication and a copy of the ad, furnished to you by the newspaper office.

SAMPLE ADVERTISEMENT

NOTICE OF APPLICATION

Notice is hereby given that _____ intends to apply to the South Carolina Department of Revenue for a license/permit that will allow the sale and _____ premises consumption of _____ at _____
(name of individual, partnership or corporation)
(on/off)
(Beer, Wine and/or liquor) (as applicable) (exact street address, including suite or unit number, and city)

To object to the issuance of this permit/license, written protest must be postmarked no later than

(16 days from the date of the publication of the first advertisement)

For a protest to be valid, it must be in writing, and should include the following information:

- (1) the name, address and telephone number of the person filing the protest;
- (2) the specific reasons why the application should be denied;
- (3) that the person protesting is willing to attend a hearing (if one is requested by the applicant);
- (4) that the person protesting resides in the same county where the proposed place of business is located or within five miles of the business; and,
- (5) the name of the applicant and the address of the premises to be licensed.

Protests must be mailed to: **S.C. Department of Revenue, ABL SECTION, P.O. Box 125, Columbia, SC 29214-0907;** or faxed to: **(803) 898-5899.**

E. Finding the correct newspaper to publish your advertisement:

1. Refer to page 3 and find the county in which your business is located.
2. If your business is **NOT** located in the city or municipal limits, or if you do not find the city or municipality in which your business is located, **use one of the newspapers that is approved for the county in which the business is located.** County approved newspapers are the **first** newspapers listed under the **county's** name.
3. If your business is **within** the **city or municipal limits and that city is listed** on page 3, place your advertisement in a **newspaper listed below that city or municipality.**

If you are not sure, please call this office at (803) 898-5864 before advertising.

Orangeburg County
 Times & Democrat
 HOLLY HILL
 Holly Hill Observer
 NORTH
 North Trade Journal
 SANTEE
 Santee Striper



If your business is located in Elloree, a municipality of Orangeburg County that is **not** listed under **Orangeburg County**, you would publish your advertisement in the *Times Democrat*.



If your business is located within the city limits of Santee, a municipality that **is** listed under **Orangeburg County**, you would publish your advertisement in the *Santee Striper*.

Abbeville County
Press & Banner

Aiken County
Aiken Standard
The State
NORTH AUGUSTA
The Star

Allendale County
People-Sentinel

Anderson County
Independent Mail
BELTON
News Chronicle
HONEA PATH
News Chronicle
WILLIAMSTON
The Journal

Bamberg County
Advertiser-Herald

Barnwell County
People-Sentinel

Beaufort County
Beaufort Gazette
Bluffton Today
Hilton Head News
Island Packet

Berkeley County
Berkeley Independent
Post & Courier
GOOSE CREEK
Goose Creek Gazette
HANAHAN
Hanahan News
NORTH CHARLESTON
North Charleston News

Calhoun County
Calhoun Times

Charleston County
Post & Courier
NORTH CHARLESTON
North Charleston News

Cherokee County
Gaffney Ledger
Spartanburg Herald
GAFFNEY
Cherokee Chronicle
Gaffney Ledger
BLACKSBURG
Blacksburg Times
Gaffney Ledger

Chester County
News & Reporter

Chesterfield County
Cheraw Chronicle
CHERAW
The Link
JEFFERSON
Progressive Journal
MT. CROGHAN
Progressive Journal
PAGELAND
Progressive Journal

Clarendon County
Manning Times
The Item (Sumter)

Colleton County
Community Times Dispatch
Press & Standard
Post and Courier

Darlington County
News & Press
HARTSVILLE
Hartsville Messenger

Dillon County
The Dillon Herald

Dorchester County
Post & Courier
ST GEORGE
Eagle-Record
SUMMERVILLE
Summerville Journal-Scene

Edgefield County
Citizen News
Edgefield Advertiser

Fairfield County
Herald-Independent
The State

Florence County
Morning News
News Journal
LAKE CITY
Lake City News & Post

Georgetown County
Georgetown Times
PAWLEYS ISLAND
Coastal Observer

Greenville County
Greenville News
Greenville Journal
GREER
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PERMITS/LICENSES

A. BREWERY

A brewery constructed, maintained and/or operated in this State for the production of any beer, ale, porter or other similar malt or fermented beverage containing not in excess of fourteen (14%) percent alcohol by weight.

B. BEER AND/OR WINE WHOLESALERS

Any person who makes the first sale within this State or who sells or distributes any quantity of beer or wine to any other person for resale, but the term shall not include any person who produces wine in the State from fruits grown within the State by or for the manufacturer. Beer and/or wine wholesalers are no longer required to advertise in the newspaper nor is SLED required to investigate or post a sign at the proposed location for fifteen (15) days.

C. LIQUOR MANUFACTURER

A person operating a plant or place of business in this State for distilling, rectifying, brewing, fermenting, blending or bottling alcoholic liquors.

D. LIQUOR WHOLESALER

A person or entity that purchases or acquires or acquires alcoholic liquors from a manufacturer for resale.

E. MICRO-DISTILLERY

A person or entity who distills, blends, and bottles alcoholic liquors on the licensed premises in this State with an alcohol content greater than seventeen percent and who produces a maximum quantity of one hundred twenty-five thousand cases per year at the licensed premises.

F. WINERY

Winery constructed, maintained and/or operated in this State for the production of any wine.