



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
ABL RENEWAL FORM

Renew and pay online. Go to www.scbos.com
Mail to: SCDOR, ABL Section, Columbia, SC 29214-0907

Renewal Due Date: _____ **Renewal Fee _____

License Type _____

- 1. Mailing Name and Address
Any change of address should be noted to the right of the old address.

For Office Use Only

▶ File Number _____

▶ License Period Ending _____

▶ DLN

▶ DLN

▶

▶

2. A. Owner/Corporate Name _____ Federal ID # _____
(If Liquor Producer Rep., indicate the company you represent)

B. Licensee _____ Social Security # _____
(If Sole Proprietor)

C. Retail Sales Tax License # _____
(REQUIRED)

3. Trade Name (If Applicable) _____

4. Business Address _____

Ownership Type _____ County _____

5. If there is a change in your location's address, check why: () U.S. Postal Service changed address () Moved location of business () Other - Explain: _____

6. **YOU MUST COMPLETE THE CONSENT AND WAIVER SECTION ON THE BACK OF THIS FORM, AND THE ATTACHED ABL-577, IF SOLE PROP.; IF OTHER THAN SOLE PROP., COMPLETE ATTACHED ABL-920 FOR ALL PRINCIPALS.**

7. Have you, any partner, any principal, or any employee with day-to-day management responsibilities ever been convicted of a crime? Yes No If "yes", give details: _____

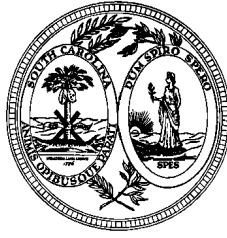
8. Review and sign this application. Return it with the appropriate renewal fee. If this application with the appropriate fee is not received by the S.C. Department of Revenue prior to the expiration date shown above, you must pay a filing fee along with the license fee. If your renewal is late, you may be required to file an application for a new license, publish a newspaper notice of your application, and wait on a SLED investigation. **You must cease all sales of beer, wine, or liquor upon the expiration of your license, and may not resume sales until you receive your new license. Therefore, file your renewal application promptly.**

***Note:** For faster processing renew online. (See information sheet attached for instructions for online renewing www.SCBOS.com).

By signing this application, I certify that all the information listed above is correct.

(Signature of applicant) Date Telephone number from 8 am to 5 pm

****61-6-120B:** An applicant for license renewal or for a new license at an existing location shall pay a five dollar certification fee to determine if the exemptions provided for in subsection (A) apply. Subsection A refers to the distance requirements for retail liquor stores, business liquor by the drink and nonprofit private club liquor by the drink licenses.



**STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
REGULATORY DIVISION
Alcohol Beverage Licensing Section**

Dear License and/or Permit Holder:

The Department of Revenue, Regulatory Division, Alcohol Beverage Licensing Section (hereinafter "ABL") is in receipt of a renewal for an ABL License and/or Permit. On June 4, 2008, the Governor signed into law Bill Number H4400, collectively known as the S.C. Illegal Immigration Reform Act. Specifically, this new law has been codified in S.C. Code Ann. §§8-29-10 et. seq. which requires us to verify the citizenship or immigration status of an applicant for "state or local benefits". We are therefore unable to complete the processing of same unless and until we receive one of the two enclosed Forms, together with all necessary attachments:

Form ABL-577 - "Verification of Lawful Presence in the United States"
Form ABL-920 - "Verification of Lawful Background for Applicant's Principal"

If the License and/or Permit Holder is a sole proprietorship, complete and submit Form ABL-577.

If the License and/or Permit Holder is a corporate entity, complete and submit Form ABL-920.

Note: Each principal of the corporate entity must submit a Form ABL-920.

We have enclosed a copy of each form for your convenience. Please see reverse side for a copy of a document entitled "Frequently Asked Questions: S.C. Illegal Immigration Act" which may answer some of your questions. Should you have any additional questions, please contact ABL at 803-898-5864.

Thank you in advance for your anticipated cooperation.

Sincerely,

Dana R. Krajack, Esq.
South Carolina Department of Revenue
Regulatory Division Manager

South Carolina Illegal Immigration Reform Act

Frequently Asked Questions

Q. To what licenses or permits does this apply?

A. The SC Illegal Immigration Reform Act form is required for **all** Alcohol licenses or permits.

Q. When did the new law take effect?

A. July 1, 2008

Q. What is the new law?

A. This act may be cited as the "South Carolina Illegal Immigration Reform Act" verifies an applicant's lawful presence in the United States. Act 280, HB4400.

Q. How does it effect my application?

A. All applicants that apply as a sole proprietor for an Alcohol Beverage License, of any type or duration, must complete the Verification of Lawful Presence in the United States. All principals of a corporation must complete the Verification of Lawful Background for Applicant's Principal.

Q. What documentation will I need?

A. Immigration Documents – including your Alien Registration Numbers, and a copy of your driver's license.

Q. What if I don't complete the form?

A. Your Alcohol license or permit will be denied.

Q. What forms do I need?

A. If you are a corporate entity (corporation, LLC, LLP or a partnership), the entity is required to complete form **ABL-920, Verification of Lawful Background For Applicant's Principal**. All principals of any corporate entity must complete the ABL 920 form in its entirety. Be sure it is notarized.

If you are a sole proprietorship, complete form **ABL-577, Verification of Lawful Presence In the United States**. Be sure to have this form completed in its entirety and that the form is notarized.

If you check **box two**, you are required to present appropriate identification such as a copy of your driver's license, Alien Registration number and copies of immigration documents.

Q. Where can I get these forms?

A. Forms can be obtained from our website: **www.sctax.org** or at the Taxpayer Service Center(s) or Fax on Demand.

The South Carolina Department of Revenue maintains a Fax-on-Demand automated form and document retrieval system by which you may call in using either a fax phone or a regular touch tone phone to order single copy of the form. The form can be sent to you almost immediately if you are calling the Fax-on-Demand service from the same phone you use to receive a fax. If the forms must be faxed to a different number, the form will be sent between 11 p.m. and 8 a.m. when the system has the least usage. Fax Telephone Number: (803) 898-5320 (in Columbia, South Carolina)

ABL-920 Verification of Lawful Background For Applicant's Principal - Order Number: 5519

ABL-577 Verification of Lawful Presence In the United States - Order Number: 5520

Q. Do I submit a new ABL-920 or ABL-577 each time I apply for a new license?

A. Yes

Q. What is an A-number?

A. An "A-number" is an Alien Registration Number.

Q. Where do I get an A-number?

A. An A-number is generated from the United States Citizenship and Immigration Services – a government agency within the Department of Homeland Security.

Go to our website www.sctax.org

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.



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
301 Gervais Street, P.O. Box 125, Columbia, South Carolina, 29214

You are now able to renew your Alcohol Beverage license permits online by accessing SCBOS - the South Carolina Business One Stop Web site. If you renew online, you will not need to mail in form ABL-565.

Instructions for using SCBOS:

1. Go to **<http://www.scbos.com>**
2. New Users to SCBOS
 - Create an account and password.*
 - After the welcome screen, select Renewals and enter the file number printed on the top right corner of the renewal form
- Existing Users on SCBOS
 - Login using your name and password
 - After the welcome screen, select Renewals and enter the file number printed on the top right corner of the renewal form
3. Confirm the information; submit to shopping cart; checkout and pay. Visa®, Master Card® and Electronic Funds Withdrawal may be used to pay. There are no additional fees to pay online.
4. Print Receipt.
5. Print temporary ten-day license letter by
 - Selecting the Renewal Activity link underneath the Logout button on the left side of the page
 - Selecting the View icon corresponding to the license that is renewed
 - Selecting Print and the temporary license will be printed

If you have any questions concerning renewals, please call (803) 898-5398 or 898-5864.

If you have any questions concerning online renewals, please call SCBOS HELP at (803) 898-5690.



South Carolina Business One Stop

With SCBOS, you can:

- Register your business
- Obtain licenses, permits and registrations
- File and pay business taxes
- Communicate with multiple state agencies
- Link to helpful business resources
- Renew your Alcohol Beverage License

* If you already have an account on Department of Revenue's web site for E-pay, E-sales, E-withholding or DORBOS, you may use the same User Name and Password to log onto SCBOS as a registered user.

If you renew online you will not need to mail in form ABL-565.
