



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**APPLICATION FOR BUSINESS  
LOCAL OPTION PERMIT**

**ABL-29**  
(Rev. 12/4/08)  
4250

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

**For Office Use Only**

▶ File Number \_\_\_\_\_

▶ Period Covered \_\_\_\_\_

▶ DLN \_\_\_\_\_

▶ DLN \_\_\_\_\_

▶ \_\_\_\_\_

LOP \_\_\_\_\_ 14-3970

▶ \_\_\_\_\_

SLED \_\_\_\_\_ 34-3973-9200

**Important Information:** You may also apply for this permit in person at the SC Department of Revenue, 301 Gervais St, Columbia SC or at our Taxpayer Service Centers located in: Charleston - 3 Southpark Circle, Suite 202; Florence - 1452 West Evans St; Greenville - 211 Century Drive, Suite 210-B; Rock Hill - Business and Technology Center, 454 S Anderson Rd, Suite 202. **Taxpayer Service Centers will not** accept mailed applications.

**PLEASE TYPE OR PRINT:**

1. Name \_\_\_\_\_ Title \_\_\_\_\_
2. Type of business    ( ) Hotel/Motel    ( ) Restaurant
3. Business name \_\_\_\_\_
4. Business address \_\_\_\_\_  
Street number/name, rural route
- \_\_\_\_\_ City    \_\_\_\_\_ County    \_\_\_\_\_ Zip Code
5. **Federal ID Number** \_\_\_\_\_ or **SSN** (if sole proprietor) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
6. **Retail License number** \_\_\_\_\_ **Telephone number** \_\_\_\_\_

**Date(s) permit being applied for:**

MONTH/YEAR	SUNDAY DATE					FEES DUE
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
<b>Total fees due for all dates ▶</b>						\$ _____

I certify by my signature below that a permanent liquor by the drink license has been issued at the address shown in item four above. I understand if a violation of any alcoholic beverage laws or regulations occurs during the period covered by the local option permit, that I and/or the organization may be charged and if found guilty, that all permanent licenses/permits and unexpired local option permits may be suspended or revoked and all permit fees forfeited.

\_\_\_\_\_  
Applicant Signature

## Guidelines and Instructions

**A. Applicable Laws and Regulations:**

Section 61-6-2010 SC Code of Laws, 1976. ABL Regulation 7-400. 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 library.

**B. Effect of permit:**

A local option permit applies only to food establishments, which hold a permanent liquor by the drink license and a permanent beer/wine permit. This permit allows the food establishment to operate and to possess, sell, and consume alcoholic liquors, beer, and wine during otherwise restricted hours. Pursuant to S.C. Code 61-6-2010, this permit will be valid each Sunday morning 12:00 a.m. - 2:00 a.m. and 10:00 a.m. - 12:00 a.m. A temporary permit is only valid for the premises covered by the permanent license(s). A permit is not valid until approved by the Department of Revenue and posted with the permanent license in the business. Business establishments may continue to operate from 12:01a.m. Monday morning until 2:00 a.m. under their permanent liquor by the drink license and beer and wine permit.

**C. Qualifications:**

A business must hold a valid permanent liquor by the drink license to be eligible for a Sunday Local Option Permit and be located in a county or municipality which has passed a referendum authorizing the issuance of temporary permits within the county/city limits.

**D. Application and fees:**

An application must be filed for permit(s) requested. A nonrefundable daily filing fee of \$100.00 and a permit fee of \$100.00 must be paid for each Sunday permit. The permit fee will be refunded if an application is denied.

**E. Instructions for completing the application form:**

The person or entity applying must **hold a permanent liquor by the drink license at the location**. Complete questions 1-6. Fill out the table by listing the Sunday dates for which you are applying. Total fees under Fees Due at the end of each row. (\$200.00 for EACH permit). Then, total all fees and place amount in Total due for ALL dates.

Example: If you would like to apply for local option permits for the last three Sundays in July and the first two Sundays in August, you would complete the table as follows:

**Date(s) permit being applied for:**

MONTH/YEAR	SUNDAY DATE					FEES DUE
July 2003	7-13	7-20	7-27	_____	_____	\$ 600
August 2003	8-3	8-10	_____	_____	_____	\$ 400
<b>Total fees due for all dates</b> ▶						\$ 1000

**F.** The person applying must **hold a permanent liquor by the drink license at the location applied** for. If applying for a corporation, the application must be signed by an officer. If the business is owned by a partnership, only one partner may sign the application. If the business is a sole proprietor, the owner must sign. Fill in the fee amount. Place total fee(s) submitted in appropriate column. Enclose a check made payable to the Department of Revenue in the amount shown under the total column on the application.

**G. EFFECTIVE JULY 1, 2008:** Must attach completed appropriate residency status verification affidavit. Use Verification of Lawful Presence in the US (ABL-577) for owners of sole proprietorships. Use Verification of Lawful Background for Applicant's Principals (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  
**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)