



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**ABL RENEWAL FORM**

**ABL-565**

(Rev. 3/18/04)  
4278

Mail to: SCDOR, ABL Section, Columbia, SC 29214-0907

**For Office Use Only**

**Renewal Due Date:** \_\_\_\_\_ **\*\*Renewal Fee** \_\_\_\_\_

▶ File Number \_\_\_\_\_

License Type \_\_\_\_\_

▶ License Period Ending \_\_\_\_\_

1. Mailing Name and Address

Any change of address should be noted to the right of the old address.

▶ DLN

▶ DLN

▶

▶

2. A. Business/Corporate Name \_\_\_\_\_ Federal ID# \_\_\_\_\_  
(If Liquor Rep. Producer put who you represent)

B. Licensee \_\_\_\_\_ Social Security # \_\_\_\_\_  
(If Sole Proprietor) Retail License # \_\_\_\_\_

3. Trade Name(If Applicable) \_\_\_\_\_

4. Business Address \_\_\_\_\_

\_\_\_\_\_ Ownership Type \_\_\_\_\_

\_\_\_\_\_ County \_\_\_\_\_

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

6. If you are a nonpublicly traded corporation, a nonprofit organization (private club), or any kind of partnership you must complete the back of this form (Consent and Waiver).

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.**

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

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone number from 8am to 5pm

\*\*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 minibottle and nonprofit private club minibottle licenses.

# Consent and Waiver

S.C. 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 S.C. Department of Revenue or to the I.R.S. By signing below, a person authorizes the I.R.S. to release to the S.C. Department of Revenue information concerning that person owing delinquent taxes, penalties, or interest as of the date of the signing of this document, plus the next five years. This consent may be withdrawn at any time by writing to the Internal Revenue Service Disclosure Officer, 1835 Assembly Street, MDP15, Columbia, SC 29201. The signature below also authorizes the S.C. Department of Revenue to release to the applicant, or to the applicant's agent, attorney, information concerning delinquent taxes, penalties, or interest that is causing the denial of this application.

The following are principals and must complete and sign below. If a required person does not sign, this application will be denied:

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. 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 (must be over 21 and a resident of S.C.).

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

(A) Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
(print)

Social Security No.: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Yr/Date of SC Residency: \_\_\_\_\_ Signature: \_\_\_\_\_

(B) Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
(print)

Social Security No.: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Yr/Date of SC Residency: \_\_\_\_\_ Signature: \_\_\_\_\_

(C) Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
(print)

Social Security No.: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Yr/Date of SC Residency: \_\_\_\_\_ Signature: \_\_\_\_\_

(D) Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
(print)

Social Security No.: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Yr/Date of SC Residency: \_\_\_\_\_ Signature: \_\_\_\_\_

(E) Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
(print)

Social Security No.: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Yr/Date of SC Residency: \_\_\_\_\_ Signature: \_\_\_\_\_

## 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.

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**State of South Carolina**  
**Department of Revenue**  
301 Gervais Street, P.O. Box 125, Columbia, South Carolina, 29214

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**NOTICE:**

You are now able to renew your Alcohol Beverage licenses/permits online by accessing our website at:

**[www.sctax.org](http://www.sctax.org)**

- click on DOR/BOS
- click on Register online
- follow instructions for ABL renewal process

If you have any questions concerning online renewals, please call (803) 898-5185 or (803) 898-5880.

