



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**APPLICATION PACKET FOR TEMPORARY BEER,  
WINE, MINIBOTTLE, AND/OR ALCOHOLIC LIQUOR**

**ABL-900**

(Rev. 6/20/05)

Mail to: SC Department of Revenue, Alcoholic Beverage Licensing, Columbia, SC 29214-0911.

**Schedule of Fees**

**Beer and wine only - \$10.00 per day**  
**Minibottle only - \$35.00 per day**  
**Alcoholic liquors - \$35.00 per day**  
**Beer, wine and minibottle - \$45.00 per day**  
**Beer, wine and alcoholic liquors - \$45.00 per day**

**This application MUST BE FILED  
at least Fifteen days prior to your  
special event.**

Fees must be submitted at the time application is made. If your event is to last past midnight, an additional day's fee is required. Please submit the correct fee when making application. If you are not sure of the correct fee to submit, you are advised to call our public assistance number (803) 898-5864 for information. If this application is denied or protested, it may take up to six months to obtain a hearing or decision.

**Records Check Information**

A records check on all principals (see consent and waiver form) no older than 90 days obtained from the Criminal Justice Information Center must accompany this application. You may obtain a records check in person at SLED Headquarters, 4400 Broad River Rd., Columbia, SC, between the hours of 8:30 a.m. and 5:00 p.m., by mail by forwarding your request to: SLED, PO Box 21398, Columbia, SC 29221-1398, ATTN: Criminal Records Department. You must enclose a self-addressed envelope and furnish your full name, social security number and date of birth. Record checks from SLED require a \$25.00 fee payable by money order or business check made out to SLED.

**Location Approval**

Permits and licenses are issued for a specific location only. Once you have been approved for the location for which you have applied, you cannot transfer the license or permit to another location.

**A. Effect of permit or license:**

A **temporary beer and wine permit authorizes** the sale of beer and wine at special events and allows the consumption of those beverages on the licensed premises. Permits cannot be issued for a period exceeding fifteen days. Permits are issued for fairs and special events. A **temporary minibottle license authorizes** the sale of alcoholic beverages in sealed containers of two ounces or less (minibottles) and are issued to **nonprofit organizations only**. A **temporary alcoholic liquors license authorizes** the sale of alcoholic liquors from containers larger than two ounces at bonafide nonprofit functions and are issued to **nonprofit organizations only**, i.e., educational foundations, bonafide nonprofit organizations (must have an eleemosynary charter from the SC Secretary of State) or a political party or affiliate certified by the Secretary of State. If you are not sure of the type temporary liquor license you may qualify for, you are advised to contact the South Carolina Department of Revenue at (803) 898-5864 for clarification before applying. Events extending beyond midnight require an additional day's fee for beer, wine and/or liquor. **Functions selling liquor cannot be open to the general public.**

**B. Qualifications for temporary permits and/or licenses:**

- 1. Applicant must be twenty-one years of age.**
- 2. Applicant must be a resident of SC for thirty days prior to the date application.**
- 3. Applicant must be of good moral character and must have attached a criminal records check conducted within the past 90 days.**
- 4. Applicant must not have had a beer, wine or liquor license previously revoked.**
- 5. The location, in the opinion of the SC Department of Revenue, must be suitable for sale and consumption of beer, wine, and/or liquor.**
- 6. If applying for a temporary minibottle or alcoholic liquors license, you must submit a copy of the associations charter and bylaws.**
- 7. Must have SC retail sales tax license or proof of SC sales tax exemption. Contact the License and Registration Section at (803) 898-5872.**
- 8. If an application for a permanent license has been filed for this location, then a temporary license (listed above) cannot be issued to the same location.**

If your function is being held at a licensed location, the person or organization applying for the license cannot have any relationship with the person or organization holding the permanent license beyond that of lessor-lessee. You must attach a copy of your lease, and detailed description of the function.

**C. Fees:**

A schedule of fees appears on the cover sheet. Please submit the correct fee for the license or permit you are applying for. **Fees must be submitted at the time application is made and are nonrefundable should your application not be approved or if you cancel or reschedule your event.**

**D. Additional requirements:**

Form ABL-100 (attached) must be completed and returned with your application. Application for alcoholic liquor licenses and temporary minibottle licenses require a copy of the organizations by-laws and nonprofit charter. **Applications will not be processed without these items.**

**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.



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**APPLICATION FOR TEMPORARY BEER, WINE,  
AND/OR LIQUOR**

**ABL-900**

(Rev. 6/20/05)  
4281

**This application MUST BE FILED at least Fifteen days prior to your special event.**

Check which application type(s) is/are being applied for:

▶ File Number \_\_\_\_\_

**All fields in blocked area except "check" field are for office use.**

CHECK	TYPE(S) LICENSE APPLYING FOR	GLDC	END DATE	FEE	DLN
	Beer/Wine (TBP) ▶	14-3961 1008 ▶	▶	▶	▶
	Minibottle (TMP) ▶	14-3951 1009 ▶	▶	▶	▶
	Alcoholic Liquors (TLP) ▶	14-3951 1010 ▶	▶	▶	▶

Valid combinations are: Beer, Wine and Minibottle or  
Beer, Wine and Alcoholic Liquors

▶ TOTAL PAID \$ \_\_\_\_\_

Retail Sales License # \_\_\_\_\_

1. Applicant's Name \_\_\_\_\_

2. Trade Name (doing Business as) \_\_\_\_\_  
Individual, Corporate Charter Name, or Partnership Name

3. Type of Ownership: ( ) Sole Proprietor ( ) Partnership ( ) LLC/LLP ( ) SC Corporation: enter  
date incorporated \_\_\_\_\_ ( ) Unincorporated Association: enter legal name \_\_\_\_\_

4. If a Corporation or Association, are you Publicly Traded?: ( ) Yes ( ) No If no, complete attached schedules.

5. Name(s) of business owner, general partners, principals or officers:

SS#	Name/Title/General Partners	Home Address	Date of Birth

6. Location address where event is to be held \_\_\_\_\_  
Street  
\_\_\_\_\_  
City County State Zip Code

7. Federal Identification No. \_\_\_\_\_ 6. Telephone #: Bus. \_\_\_\_\_ Home \_\_\_\_\_

8. Date of Birth \_\_\_\_\_ 9. Race \_\_\_\_\_ 10. Male ( ) Female ( )

11. Social Security Number \_\_\_\_\_

12. Mailing Address \_\_\_\_\_  
Street  
\_\_\_\_\_  
City County State Zip Code

13. Is this location within SC municipal limits? ( ) Yes ( ) No

If Yes which city \_\_\_\_\_

14. Is the location presently licensed to sell beer, wine, or alcoholic liquor? ( ) Yes ( ) No  
If "Yes" list the licensee's name and File# as it appears on their license or permit.

Licensee's Name \_\_\_\_\_ File # \_\_\_\_\_

Back of form must be filled out

15. Beginning date of event \_\_\_\_\_ Beginning Time \_\_\_\_\_ AM PM

Ending date of event \_\_\_\_\_ Ending Time \_\_\_\_\_ AM PM

16. What relationship exists between you and the current licensee? \_\_\_\_\_

**If your function is being held at a licensed location, the person or organization applying for the license cannot have ANY relationship with the person or organization holding the permanent license beyond that of lessor-lessee.**

17. Type of event (dance, festival, fund raiser, etc.) \_\_\_\_\_

18. Organization Name \_\_\_\_\_ ( ) Not applicable

19. Complete this question only if you are applying for a temporary alcoholic liquor license.

Type of organization ( ) Nonprofit organization (submit a copy of your charter)  
( ) Political party or affiliate certified by the Secretary of State

20. How long have you maintained your residency in South Carolina? \_\_\_\_\_

21. Have you, anyone with a financial interest in this event, or anyone to be employed by you at this event, with or without compensation, ever been convicted of a crime? ( ) Yes ( ) No. Attach explanations of any convictions.

22. Have you ever had a beer, wine or liquor license suspended or revoked? ( ) Yes ( ) No  
If "yes" give details in Supplemental area below.

23. Have you attached your criminal records check on all principals obtained from SLED? ( ) Yes ( ) No

Supplemental information area for questions 21 and 22. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**UNDER PENALTY OF PERJURY, I DO HEREBY ATTEST/STATE THE FOLLOWING:**

GOOD CHARACTER: That, neither I or any employee to be employed on the licensed premises have been convicted of a crime that I have not disclosed on this application.

CONSENT TO SEARCH: That I consent to the search of the premises covered by the license and/or permit by a SLED agent, law enforcement officer or agent of the South Carolina Department of Revenue.

AFFIRMATION STATEMENT: That by my signature below, the answers given to the questions in this application are true, to the best of my knowledge and that I have not falsified any information given in this application.

Date: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

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

FEI \_\_\_\_\_

File Number: \_\_\_\_\_

## 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. The signature below 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 signature below also authorizes SLED to check, examine and release to the Department person's signed below criminal record for convictions.

1 - 12 is a list of principals. Each principal must complete and sign a box below. If a required person does not sign, this application will be denied:

### Principals:

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 (designated agent) (must be over 21 and a resident of S.C.).
11. If not a publicly traded corporation, list all stockholders.
12. If a nonprofit organization, list all officers and directors of the organization.

Name: _____	Principal/Type: (use above number) _____
Home Address: Street _____	
City _____	State _____ Zip _____
Social Security No: _____	Sex: _____ Race: _____ Date of Birth: _____
Yr/Mo/Date of SC Residency: _____	Signature _____
Have you had revoked or suspended, in this or any other state, any license to sell beer, wine, or alcoholic liquors? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details in Schedule A.	
Have you been convicted of a crime in South Carolina or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details in Schedule A	

Name: _____	Principal/Type: (use above number) _____
Home Address: Street _____	
City _____	State _____ Zip _____
Social Security No: _____	Sex: _____ Race: _____ Date of Birth: _____
Yr/Mo/Date of SC Residency: _____	Signature _____
Have you had revoked or suspended, in this or any other state, any license to sell beer, wine, or alcoholic liquors? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details in Schedule A.	
Have you been convicted of a crime in South Carolina or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details in Schedule A	

**Additional Space on Back.**

Name: \_\_\_\_\_ Principal/Type: (use above number) \_\_\_\_\_

Home Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Have you had revoked or suspended, in this or any other state, any license to sell beer, wine, or alcoholic liquours?

Yes  No If yes, give details in Schedule A.

Have you been convicted of a crime in South Carolina or any other state?  Yes  No If yes, give details in Schedule A

Name: \_\_\_\_\_ Principal/Type: (use above number) \_\_\_\_\_

Home Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Have you had revoked or suspended, in this or any other state, any license to sell beer, wine, or alcoholic liquours?

Yes  No If yes, give details in Schedule A.

Have you been convicted of a crime in South Carolina or any other state?  Yes  No If yes, give details in Schedule A

Name: \_\_\_\_\_ Principal/Type: (use above number) \_\_\_\_\_

Home Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Have you had revoked or suspended, in this or any other state, any license to sell beer, wine, or alcoholic liquours?

Yes  No If yes, give details in Schedule A.

Have you been convicted of a crime in South Carolina or any other state?  Yes  No If yes, give details in Schedule A

Name: \_\_\_\_\_ Principal/Type: (use above number) \_\_\_\_\_

Home Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Have you had revoked or suspended, in this or any other state, any license to sell beer, wine, or alcoholic liquours?

Yes  No If yes, give details in Schedule A.

Have you been convicted of a crime in South Carolina or any other state?  Yes  No If yes, give details in Schedule A

# SCHEDULE D

## CONTACT PERSON INFORMATION

Check one:

- ( ) I am a publicly traded corporation (trading on the stock exchange).
- ( ) I am a nonpublicly traded corporation or a partnership. If you check this box, you must complete the information listed below and Schedule B and C.

Nonpublicly traded corporate name: \_\_\_\_\_  
(List the corporate name that appears on your current license.)

FEI#: \_\_\_\_\_ SC sales tax license #: \_\_\_\_\_

Name of South Carolina contact person: \_\_\_\_\_  
(First) (MI) (Last)

Contact person mailing address: \_\_\_\_\_  
Street # Street PO Box

City State ZIP Code

Home address of contact person: **(no PO Box #s)** \_\_\_\_\_  
Street # Street

City State ZIP Code

**Telephone Numbers Business:** ( ) \_\_\_\_\_ **Home:** ( ) \_\_\_\_\_

**Note #1:** If you are a partnership, please list your partnership name below and submit a signed copy of your partnership agreement.

**Partnership name:** \_\_\_\_\_

**Note #2:** A contact person cannot represent but one corporate or partnership business entity, **unless**, the contact person has a financial interest in the other corporation or partnership.



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**LAW ENFORCEMENT NOTIFICATION**  
**TEMPORARY BEER, WINE AND LIQUOR APPLICATION**

**ABL-100**

(Rev. 2/17/99)  
4263

**This Part to be Completed by the Applicant**

Take this form to the Chief of Police (if your special function is to be located within the city limits of a city or town that has a police department). Otherwise, take this form to the Sheriff of the county where your special function is to be held. **This form must be signed by the appropriate law enforcement official and submitted with your application.**

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Address of special function

\_\_\_\_\_  
(Dates of special function)

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
ZIP Code

**This Part to be Completed by your Sheriff or Chief of Police**

I have been informed by the above referenced person about his or her application for a temporary license to sell beer, wine, or distilled spirits at the address shown above. I further acknowledge that if I have criminal history information in my files that has not been reported to the State Criminal Justice Information and Communication Center, I need to provide this information to the South Carolina Department of Revenue immediately.

(  ) I do not object to the issuance of this temporary license

(  ) I wish to protest this application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of authorized law enforcement official

\_\_\_\_\_  
Print name and title of authorized official

\_\_\_\_\_  
Department

**If this form is not completely filled out, your application will be returned to you.**