



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**APPLICATION FOR PRODUCER OF ALCOHOLIC
LIQUOR CERTIFICATE OF REGISTRATION**

ABL-107

(Rev. 7/29/03)

4264

Mail to: SCDOR, ABL Section, Columbia, SC 29214-0908
Telephone: (803) 898-5864 DOR Website: www.sctax.org

For Office Use Only

▶ File Number _____
▶ License Period Ending _____

▶ DLN

▶ DLN

▶ _____
14-3961-0009

▶ _____
SLED 34-3973-9000

PLEASE PRINT OR TYPE ALL INFORMATION

Fee: \$400 Biennially

1. Owner, Partnership, or Corporate Charter Name _____

2. Physical Location of Business Required (No P.O. Box)

_____ STREET

CITY COUNTY (REQUIRED) STATE ZIP

3. Mailing Address (For all Correspondence)

_____ STREET

CITY COUNTY STATE ZIP

4. Type of Ownership

Sole Proprietor (one owner) Partnership (two or more owners) LLC/LLP
 SC Corporation Date Inc. _____ Foreign Corporation (Attach copy of Articles of Certificate of Authority)
 Non-Profit Organization Other (Explain) _____

5. Trade Name (Doing Business As) _____

6. Business Phone Number _____ Daytime Phone Number _____

7. Federal Identification Number and/or Social Security Number _____

8. Location of Records (No P.O. Box) _____

9. Is this Location within SC Municipal Limits? Yes No If Yes which city _____

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

Social Security Number	Name/Title/General Partners	Home Address	Date of Birth

Back of Form must be completed.

I, _____
(Name of individual applying) _____
Title

of the firm of _____
herby certify that the information contained in this application and the attached ABL-107A and ABL-107B is true and correct to the best of my knowledge and belief. The Department of Revenue shall have the right within the Statutory limitations to audit and examine the books and records, papers and memoranda of this form with respect to the administration and enforcement of laws administered by the SC Department of Revenue and the South Carolina Law Enforcement Division.

Signature of individual applying

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.



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**APPLICATION FOR REGISTRATION OF
BRANDS/WHOLESALERS OF ALCOHOLIC LIQUORS**

ABL-107-A

(Rev. 7/29/03)
4288

Mail to: SC Department of Revenue, ABL Section,
Columbia, SC 29214-0904.

For Office Use Only

- ▶ File Number _____
- ▶ License Period Ending _____
- ▶ DLN _____
- ▶ DLN _____
- ▶ Amount Paid _____
- 14-3951-0006
- ▶ _____
- SLED 34-3973-9000

In accordance with Chapter 7, Title 61, Code of Laws for SC, 1976, as amended, the Registered Producer noted below does hereby make application to register the following brands of alcoholic liquors for shipment into the State of South Carolina.

Registered producer address: _____

List certificate No.: _____ or check if application for certificate pending ().

Contact person: _____ Telephone (_____) _____

INSTRUCTIONS: You must list all brands you intend to ship and the wholesaler you ship to. If additional space is needed, this form may be reproduced. Please attach copy of Federal ATF approval for each brand listed.

Brand Name (list full brand name)	Proof	Age	Wholesaler

FEES: There is no fee for the first five (5) brands registered. The fee for each additional brand over five is \$20.00 per brand. Total fees submitted: ▶ _____

Department of Revenue Use Only (Do not write in this space)

Brands approved by: _____ Date: _____



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**APPLICATION FOR CERTIFICATE OF REGISTRATION
OF PRODUCER REPRESENTATIVE**

ABL-107-B

(Rev. 7/29/03)
4290

Mail to: SC Department of Revenue, ABL Section,
Columbia, SC 29214-0904.

For Office Use Only

▶ File Number _____
▶ License Period Ending _____

▶ DLN _____
▶ DLN _____
▶ Amount Paid _____
14-3951-0006
▶ _____
SLED 34-3973-9000

In accordance with Chapter 7, Title 61, Code of Laws for SC, 1976, as amended, the undersigned does hereby make application for a Certificate of Registration as the South Carolina representative of the following Registered Producer:

Registered producer and address: _____

and for that purpose submit the following information:

1. Name: _____ Social Security Number: _____

2. Home Address: _____ Zip Code: _____

3. Business Address: _____ Zip Code: _____

4. Are you a resident of South Carolina? _____ How long? _____
Must be a resident of South Carolina for 30 days prior to applying.

5. Do you have a direct or indirect interest in a wholesale or retail liquor business in South Carolina? Yes No

6. Telephone number where you can be reached during business hours: _____

7. Fee - \$250.00 (must be submitted with this application)

8. I do hereby certify that the SC Department of Revenue shall have the right within statutory limitations to audit and examine the books and records, papers, and memoranda of the applicant, with respect to the administration and enforcement of laws administered by the SC Department of Revenue and the South Carolina Law Enforcement Division.

STATE OF SOUTH CAROLINA

COUNTY OF _____

PERSONALLY appeared _____ who being duly sworn says: that the information given above is true and correct to the best of his knowledge and belief.

Sworn and subscribed before me this _____

day of _____, _____ (enter year)

(Applicant Sign Here)

APPROVED BY _____ Date _____

CERTIFICATE ISSUED: YES NO Date _____