



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**APPLICATION FOR PRODUCER OF BEER AND  
WINE CERTIFICATE OF REGISTRATION**

**ABL-500**

(Rev. 7/3/03)  
4270

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 8/31  
▶ 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. Check One:

Brewery       Winery  
 Importer       Beer       Wine  
Enter Importer Permit Number \_\_\_\_\_

11. 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 Form 568 and Form 569 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.

