



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**NOTICE OF APPLICATION/
LAW ENFORCEMENT PROTEST**

Mail to: South Carolina Department of Revenue, ABL Protest, P.O. Box 125, Columbia, SC 29214-0907
Email: **ABL@dor.sc.gov**

SLED AGENT _____ DATE _____

SLED AGENT CONTACT INFORMATION _____

This form **MUST** be completed and returned to DOR by _____
(Date)

If you fail to complete and return this form to the Department of Revenue, we will assume there are no objections to the below location being licensed.

The person or entity named below has applied for a license to:

- Sell beer and wine for on-premises consumption
- Sell beer and wine to go only (no on-premises consumption allowed)
- Sell liquor by the drink for on-premises consumption
- Operate a retail liquor store (no on-premises consumption allowed)
- Sell beer, wine and/or liquor at wholesale

Applicant's name or Permit/License Holder: _____

Proposed business address: _____

Has your jurisdiction had any problems with public intoxication at or near the proposed location?

Yes No If yes, attach explanation and any supporting documentation.

Have police been summoned to this location on prior occasions?

Yes No If yes, attach explanation and any supporting documentation.

Is the proposed location or nearby other locations been a constant source of law enforcement problems?

Yes No If yes, attach explanation and any supporting documentation.

Does the location have people congregating and loitering?

Yes No If yes, attach explanation and any supporting documentation.

Does the corporation, association, or applicant have a reputation for peace and good order in the community?

Yes No If **no**, attach explanation and any supporting documentation.

Do you wish to protest this location?

Yes No If yes, you **MUST** complete page 2.

Signature of Law Enforcement Official

Date

Print Name and Title

Department and Phone Number

