



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**LAW ENFORCEMENT NOTIFICATION FOR
SPECIAL EVENT APPLICATION**

To be Completed by the Applicant

This form must be submitted to the Chief of Police if the event is located within the municipal limits of a city or town or the Sheriff if the event is outside the municipal limits of a city or town.

Legal entity name or sole proprietor

Physical location of event

City or town

County

Date(s) of special event

Beginning time

Ending time

To be Completed by the Chief of Police or Sheriff

I have been informed by the applicant above about their application for a special event license to sell beer, wine, and/or liquor at the address shown above.

I do not object to the issuance of the special event license

I object to the issuance of the special even license

Signature of authorized law enforcement official

Date

Name and title of authorized law enforcement official

Department

Phone number

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

THE ENTIRE APPLICATION **MUST** BE PRESENTED TO LAW ENFORCEMENT OFFICIALS WITH THIS FORM.
Any alterations of this form will void the agreement.

If you are applying for multiple locations, this form must be submitted for each location.