


**APPLICATION PACKET FOR SPECIAL EVENT
BEER, WINE, AND ALCOHOLIC LIQUOR**

Mail to: SC Department of Revenue, Alcoholic Beverage Licensing, P.O. Box 125, Columbia, SC 29214-0907.

Schedule of Fees

Beer and wine only - \$10.00 per day
Alcoholic liquors - \$35.00 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 at time of application. Fees are nonrefundable should your application not be approved or if you cancel or reschedule your event. 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

All principals must attach a criminal records check (CRC), not more than 90 days old. If the principal has lived in SC for more than 2 years, obtain the CRC from SLED at www.sled.state.sc.us or mail requests to: SLED Headquarters, Criminal Records Department, 4400 Broad River Road, P. O. Box 21398, Columbia, SC, 29221. If the principal has lived in SC less than 2 years, obtain a CRC from previous state of residency AND a CRC from SLED. If the principal is not a SC resident, obtain a CRC from current state of residency.

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 **special event 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 **special event alcoholic liquors license authorizes** the sale of alcoholic liquors at bona fide nonprofit functions and are issued to **nonprofit organizations only**, i.e., educational foundations, bona fide 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 of special event 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.

B. Qualifications for special event 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 of application.**
3. **Applicant must be of good moral character and must have attached a criminal records check conducted within the past 90 days.**
4. **The location, in the opinion of the SC Department of Revenue, must be suitable for sale and consumption of beer, wine, and/or liquor.**
5. **Must have SC retail sales and/or admission tax license for this specific location; or proof of tax exemption. Contact the License and Registration Section at (803) 896-1350.**
6. **If an application for a permanent license is pending for this location, a special event license cannot be issued to the same location.**
7. **If applying for alcoholic liquors, ABL-900 and ABL-100 MUST be filed in the name of the NON-PROFIT ORGANIZATION.**
8. **Additional Requirements: Form ABL-100 (attached) must be completed and returned with your application. APPLICATIONS WILL NOT BE PROCESSED WITHOUT THIS.**

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 SPECIAL EVENT BEER,
WINE, AND/OR LIQUOR**

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 _____

CHECK	TYPE(S) LICENSE APPLYING FOR	END DATE	FEE
	Beer/Wine (TBP)	▶	▶
	Alcoholic Liquors (TLP)	▶	▶

Retail Sales License # _____

Retail Sales Tax Exemption # _____

▶ TOTAL PAID \$ _____

Admission Tax License # _____

or Admission Tax Exemption Cert. (must attach copy of exemption certificate)

1. Applicant's Name _____
Individual, Corporate Charter Name, Partnership Name, or Name of Unincorporated Association

2. Trade Name (doing Business as) _____

3. Type of Ownership () Sole Proprietor () Partnership () LLC/LLP () Unincorporated Association
() Corporation Date Incorporated: _____ State Incorporated: _____

4. If a Corporation or Association, are you Publicly Traded? () Yes () No

5. Location address where event is to be held _____
Physical Address (Must Include Street Number)

_____ City _____ County _____ State _____ Zip Code _____

6. Federal Identification Number _____

7. Business Phone Number _____ Home Phone Number _____

8. Are all principals US Citizens? () Yes () No
Any principal that can check no must submit an ABL-920 along with a copy of appropriate immigration documents.

9. Email Address _____

10. Mailing Address _____
Street

_____ City _____ County _____ State _____ Zip Code _____

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

If Yes, which city _____

12. 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. **MUST ATTACH COPY OF LEASE FOR THIS EVENT.**

Licensee's Name _____ File # _____

12. Beginning date of event _____ Beginning Time _____ AM PM

Ending date of event _____ Ending Time _____ AM PM

13. Type of event (dance, festival, fund raiser, etc.) _____

14. Complete this question only if you are applying for a special event alcoholic liquor license.

Type of organization () Nonprofit organization

() Political party or affiliate certified by the Secretary of State

15. Has 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.

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

17. Are you selling tickets or charging admission to the event? () Yes () No

18. Name of Contact Person _____

Contact's Phone Number (required) _____

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

CONSENT TO INSPECTION: That I consent to the inspection of the premises covered by the license and/or permit by any agent of the South Carolina Department of Revenue or any law enforcement officer..

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 _____



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
APPLICANT AND PRINCIPAL CONSENT AND WAIVER

ABL-946
(Rev. 1/28/14)
4407

SC Code Ann. Section 61-2-160 prohibits the issuance of any permit or license under Title 61 unless the South Carolina Department of Revenue determines that the applicant does not owe the State of South Carolina any delinquent taxes, penalties, or interest. If an application is made for a license or permit by a person other than an individual, all principals of such applicant are deemed to be the applicant. S.C. Code Ann. Section 61-2-100(C).

For purposes of processing this application or any renewals of permits or licenses issued under Title 61, the undersigned applicant or principal authorizes the Department of Revenue to release to any party, person or entity, information concerning the applicant's or principal's South Carolina taxes. The information that may be released includes, but is not limited to, information relating to delinquent taxes, penalties and interest, outstanding liabilities, or information concerning failure to file returns. For purposes of processing this application and any renewals, the applicant or principal waives the provisions of Sections 12-54-240 and 30-2-10, et seq.

Further, the applicant or principal authorizes S.C. Law Enforcement Division (SLED) to check, examine and release to the Department of Revenue the criminal history record of the applicant or principal and further authorizes the Department of Revenue to share that information with other principals or applicants for purposes of processing the application or any renewal.

This Consent and Waiver shall be effective as of the date set forth below and shall remain in effect until revoked in writing by the applicant or a principal signing this Consent and Waiver or until the applicable permit or license is terminated or revoked. Notwithstanding any other provisions, the Department of Revenue can require a new Consent and Waiver any time it deems necessary.

SOCIAL SECURITY DISCLOSURE

In compliance with the Federal Privacy Act of 1974, the disclosure of an individual's social security number on this form is mandatory. SC regulation 117-201 provides that any person required to make a return, statement or document to the Department must include identifying numbers on such return, statement or document if the Department requests such information. Social security numbers are primarily used for the purposes of identifying taxpayers and monitoring tax compliance and/or fraud.

1 - 12 is a list of principal types. Each principal type must complete and sign a box below.

Principal Types:

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. A manager of a limited liability company which is managed by managers;
7. A member of the 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. All other principals must be listed also. If not a publicly traded corporation, list all stockholders.
12. If a nonprofit organization, list all officers and directors of the organization.

*** CONTINUED ON THE NEXT PAGE. ALL PAGES MUST BE INCLUDED TO BE VALID.***

****ALL PRINCIPALS MUST SIGN IN THE PRESENCE OF A NOTARY****

*****IF A REQUIRED PRINCIPAL DOES NOT SIGN, THIS APPLICATION WILL BE DENIED*****

Additional Space on Back.

File Number: _____

Name of Sole Proprietorship, Corporation, Partnership, LLC, etc. FEI/SSN

Name _____

Home Address _____

City _____ State _____ Zip _____

Yr/Mo/Date of SC Residency _____ Date of Birth _____

Social Security No. _____ Federal Employer Identification No. _____

Principal/Type: (use above #1-12) _____ Percent of ownership _____

Have you as an individual, or as an organization in which you were a principal, had revoked or suspended in this state or any other state any license to sell beer, wine, or alcoholic liquors?

____ Yes ____ No **If yes, attach explanation.**

Have you been convicted of a crime in South Carolina or any other state?

____ Yes ____ No **If yes, attach explanation.**

SWORN to and subscribed before me this _____ day of _____, year of _____
Notary Public for _____
My Commission Expires: _____
Notary (L.S.) _____
Notary (printed name) _____

This Consent and Waiver shall be effective as of the date set forth on the attached pages until revoked in writing by the ABL-946R completed by the applicant or a principal signing this Consent and Waiver, or until the applicable permit or license is terminated or revoked.

Taxpayer's Signature

Name _____

Home Address _____

City _____ State _____ Zip _____

Yr/Mo/Date of SC Residency _____ Date of Birth _____

Social Security No. _____ Federal Employer Identification No. _____

Principal/Type: (use above #1-12) _____ Percent of ownership _____

Have you as an individual, or as an organization in which you were a principal, had revoked or suspended in this state or any other state any license to sell beer, wine, or alcoholic liquors?

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My Commission Expires: _____
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Notary (printed name) _____

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Taxpayer's Signature



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

ABL-100
(Rev. 10/22/14)
4263

This Part to be Completed by the Applicant

Take this form to the Chief of Police (if your special event 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 event is to be held. **This form must be signed by the appropriate law enforcement official and submitted with your application.**

Print Name of Applicant

Physical Street Address of special event

(Dates of special event)

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 special event license to sell beer, wine, or alcoholic liquor at the address shown above. I understand that

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

() I wish to object to the issuance of this application

Date

Signature of authorized law enforcement official

Print name and title of authorized official

Department and Official's phone number

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

PLEASE NOTE: THE ENTIRE ABL-900 APPLICATION **MUST** BE PRESENTED TO LAW ENFORCEMENT OFFICIALS AT THE TIME THE ABL-100 IS SUBMITTED. **Any alteration of this form will render this form VOID.**