For your application to be processed you must fulfill ALL of the following requirements:

ABL 904 Checklist:

___ 1. Completed application, signed, dated and notarized.

___ 2. Submit nonrefundable filing fees, if applicable.

___ 3. Submit an Affidavit of Publication from the newspaper running your ad. The affidavit must include a copy of your ad. If you have just started your ad in the newspaper and have not received the ad and affidavit, you must include the receipt from the newspaper with your application. Forward the ad and affidavit from the newspaper as soon as the newspaper provides it to you. Your license/permit cannot be issued until this is received.

___ 4. Must complete the ABL-946 “Consent and Waiver.”

___ 5. 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 SLED Headquarters, Criminal Records Department, 4400 Broad River Rd., P.O. Box 21398, Columbia, SC 29221. If the principal has lived in SC less than 2 years, obtain a statewide CRC from previous state of residency AND a CRC from SLED. If principal is not a SC resident, obtain a statewide CRC from current state of residency.

___ 6. Submit a copy of your signed lease. If you own the property you must submit a copy of the deed or tax bill.

___ 7. Attach completed Verification of Lawful Presence in the United States (ABL-920) for each applicant and principal. Each principal, officer, owner, member, and/or partner MUST sign this form. If applicable, include his/her non-citizen alien registration number and attach a copy of all appropriate immigration documents.
APPLICATION FOR
SPECIAL BAKERY LICENSE

Mail to: SCDOR, ABL Section, Columbia, SC 29214-0907
Telephone: (803) 898-5864    DOR Website: www.dor.sc.gov

PLEASE PRINT OR TYPE ALL INFORMATION

<table>
<thead>
<tr>
<th>Nonrefundable Filing Fee</th>
<th>License Fee</th>
<th>Total Fees Biennally</th>
</tr>
</thead>
<tbody>
<tr>
<td>$200</td>
<td>$1,200</td>
<td>$1,400</td>
</tr>
</tbody>
</table>

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 or Certificate of Authority)

   ☐ Non-Profit Organization    ☐ Other (Explain) ____________________________

5. Trade Name (Doing Business) __________________________________________

6. Business Phone Number __________________________    Daytime Phone Number ______________________

7. SSN/FEIN __________________________

8. Email Address __________________________

9. Location of Records (No P.O. Box) __________________________

Section 61-6-720. Notwithstanding any other provision of this title, a person who operates in this State a bakery for the preparation of food items, in which food items alcoholic beverages are used as ingredients, and which food items are manufactured for and sold at wholesale, must apply for a special bakery food manufacturer's license from the department, in accordance with Section 61-6-100(2), or from a retailer licensed pursuant to Section 61-6-100(3), or from a manufacturer in containers holding greater quantities of alcoholic liquor than wholesalers or retailers have authority to sell.
A. You must designate a person to receive all notices from the Department of Revenue concerning your permit/license. These notices will be sent to the person at the mailing address shown in question 3. It is your responsibility to keep the department advised of any change regarding this person or your mailing address as the law will presume you received all notices sent to the address you have given us. Must be 21 years of age and a resident of South Carolina.

Name of Designated Agent: ___________________________________________ Date of Birth: ____________________________

Home Address of Designated Agent ________________________________________________________________

STREET ADDRESS, CITY, STATE, ZIP (NO PO BOX)

B. The S.C. State Law Enforcement Division will conduct an investigation on this application, and will need to meet with the contact person at the location for which you are seeking a permit or license, to discuss the business and ownership of the business. Give the name and telephone numbers (daytime and evening) of the contact person who can meet with the SLED agent for this purpose.

Name of Contact Person _________________________________________________

Telephone Number ____________________________ (daytime)

Telephone Number ____________________________ (evening)

If the agent is unable to contact the Contact Person or if the Contact Person cannot discuss the ownership of the business, your application will be delayed.

Processing of this application may take six to eight weeks, or more. If the application is denied by the Department or protested by a member of the public or law enforcement, it could take up to six months or more for a hearing to be held and a decision made on the application by the Administrative Law Court.

If applying for an off-premises beer and wine permit, wholesale beer and wine permit, or 7-day beer and wine permit, I do hereby stipulate that I will not permit the on-premise consumption of beer and wine on the licensed premises. I understand that a violation of this stipulation will be a violation against the permit and shall constitute sufficient grounds to suspend or revoke the beer and wine permit.

I understand that a misstatement or concealment of fact in an application is sufficient grounds for the revocation of the license or permit. I consent to the inspection of the premises covered by this license or permit by any agent of the SC Department of Revenue or any law enforcement officer.

I have read the instructions to this application and to the best of my knowledge, all information provided with this application is true and accurate.

SWORN to and subscribed before me this ______ day of ________, year of ________

Notary Public for ____________________________

My Commission Expires: ____________________________

Notary (L.S.) ____________________________

Notary (printed name) ____________________________

Applicant (owner, partner, or corporate officer)

Social Security Privacy Act Disclosure
It is mandatory that you provide your social security number on this tax 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 of any tax. SC Regulation 117-201 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.
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.
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.

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.

SWORN to and subscribed before me this ______ day of __________, year of __________

Notary Public for ____________________________

My Commission Expires: ____________________________

Notary (L.S.) ____________________________

Notary (printed name) ____________________________

__________________________________________

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?
_____ 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.

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.

SWORN to and subscribed before me this ______ day of __________, year of __________

Notary Public for ____________________________

My Commission Expires: ____________________________

Notary (L.S.) ____________________________

Notary (printed name) ____________________________

__________________________________________

Taxpayer’s Signature

44221024

IF MORE THAN TWO PRINCIPALS, PLEASE SUBMIT AN ADDITIONAL ABL-946
STATE OF ______________________________ )
COUNTY OF __________________________ )

FOR INTERNAL USE ONLY
Case Verification Number ________________  
Result ________________

Pursuant to the provisions of S.C. Code Ann. Section 8-29-10, et seq. of the South Carolina Illegal Immigration Reform Act and Title 61 of South Carolina Code Ann. Sections, every principal that is an individual must submit the following information:

The undersigned ________________________________ of ________________________________,
(Print clearly First, Middle and Last name)  
(Home Address)

______________________________ being first duly sworn deposes and states as follows:
(City, State and Zip Code)

Name Change/ Alias:  ☐ Yes  ☐ No  If yes, please list:______________________________

<table>
<thead>
<tr>
<th>Check ONLY One Box: See reverse side for Instructions, Definitions, and Accepted Documents.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ I am a United States Citizen eighteen years of age or older.</td>
</tr>
<tr>
<td>☐ I am a Legal Permanent Resident eighteen years of age or older.</td>
</tr>
<tr>
<td>☐ I am a Qualified Alien under the Federal Immigration and Nationality Act, Public Law 82-44, eighteen years of age or older, and lawfully present in the United States.</td>
</tr>
</tbody>
</table>
| ☐ I am a Foreign Citizen, and resident of ________________________________ (Country of Residency)  
and reside at ________________________________ (Street Address)  
(City, State, and Zip Code) |
| ☐ Other (Explain):  

Date of Birth ________________________________  
Alien Registration Number ________________________________

I UNDERSTAND AND ACKNOWLEDGE that any person who fails to execute this Affidavit will automatically be denied the license to which it applies; and further, that the representations made in this Affidavit shall apply throughout any license(s) or renewals issued; and further, that I shall have an affirmative duty to immediately advise the Department of Revenue in any change of my immigration or citizenship status. I, hereby, also understand and acknowledge that a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit executed pursuant to South Carolina Code Section 8-29-10 entitled Verification of Lawful Presence shall in addition to other sanctions imposed by this state or the United States, be guilty of a felony and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

Under penalty of perjury and recognizing that I am subject to the criminal and civil penalties imposed by Title 12, of the South Carolina Code of Laws, I declare that I have examined this Affidavit and to the best of my knowledge and belief, it is true, correct and complete.

Signature of Affiant ________________________________

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

REQUIRED: Fill out completely.

License Number: ________________________________
Business Name: ________________________________
Contact Person: ________________________________  (Name)
Contact Person Phone Number: ________________________________
Check box 1 –
If you are a **US Citizen** by birth or naturalization.

Check box 2 –
If you are a **legal permanent resident** and you are not a US citizen, but are residing in the US under legally recognized and lawfully recorded permanent residence as an immigrant.
**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

Check box 3 –
If you are a **qualified alien.** You are a qualified alien if you are:
• an alien who is lawfully admitted for permanent residence under the INA;
• an alien who is granted asylum under Section 208 of the INA;
• a refugee who is admitted to the United States under Section 207 of the INA;
• an alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year;
• an alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3);
• an alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980;
• an alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980;
• an alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.
**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

Check box 4 –
If you are a non immigrant and you are an alien who seeks temporary entry to the US for a specific purpose. The alien must have a permanent residence abroad (for most classes of admission) and qualify for the nonimmigrant classification sought. The nonimmigrant classifications include: foreign government officials, visitors for business and for pleasure, aliens in transit through the US, treaty traders and investors, students, international representatives, temporary workers and trainees, representatives of foreign information media, exchange visitors, fiancé(e)s of US citizens, intracompany transferees, NATO officials, religious workers, and some others. Most nonimmigrant can be accompanied or joined by spouses and unmarried minors (or dependent) children.
**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

**Accepted Immigration documents:**

- Unexpired Foreign passport with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization
- Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
- Unexpired Temporary Resident Card (INS Form I-688)
- Unexpired Employment Authorization Card (INS Form I-688)
- Unexpired Reentry Permit (INS Form I-327)
- Unexpired Refugee Travel Document (INS Form I-571)
- Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-688B)
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.

Processing of applications may take six to eight weeks, or more. If the application is denied by the department or protested by a member of the public or law enforcement, it could take up to six months or more for a hearing to be held and a decision made on the application by the Administrative Law Court.

This information in this form does not constitute all of the statutes and regulations established by law. See SC Code of Laws and Regulations at the Department’s Website: http://www.dor.sc.gov

Mail application to:
SC Department of Revenue, ABL Section, Columbia, SC 29214-0907.
Telephone (803) 898-5864, FAX (803) 896-0110, DOR Website: http://www.dor.sc.gov
Apply Online: http://www.scbos.com

Applicable laws:
Beer, wine and alcoholic liquors are governed by SC Code of Laws Title 61, Chapters 2, 4, and 6, Title 12 Chapters 21 and 33, Title 20 Chapter 7, and Title 33 Chapter 42. Regulations can be found in Chapter 7 of the Code of Regulations. The SC Code of Laws and Regulations can be accessed over the web at http://www.dor.sc.gov, http://www.myscgov.com or at your local public library.

GENERAL QUALIFICATIONS

A. Qualifications of applicants for all license types:

1. A Sole Proprietor must be 21 years of age, be of good moral character, be a legal resident of the United States and must be a legal resident of South Carolina for 30 days prior to submitting an application to this department.
2. The applicant must be the owner of the business seeking the license and must not previously have had a license revoked within the past five years.
3. All principals, officers, agents, and employees listed on the license must be over the age of 21 and be of good moral character. A current criminal history background check of not more than 90 days old, on each principal, officer, and employee must accompany this application.
4. You must obtain a sales tax retail license to conduct business and if charging admission you must obtain an admissions tax license. To obtain a retail license complete form SCDOR-111 or visit our website and register online at SCBOS and pay a $50 license fee. An admissions tax license may be obtained by completing form L-514 which can also be found on our website. There is no charge for this license. If completing SCDOR-111 and/or L-514 you may attach it to this application with a separate check for the fee, or you may mail it to the address on the respective forms.
5. Please check with the city and/or county authorities to insure you are in compliance with zoning laws and local business license requirements.

B. Tax liabilities:

A license or permit cannot be issued if the applicant or any principal has any outstanding tax liabilities with the SC Department of Revenue.

C. Sign posting:

1. An agent of the S.C. State Law Enforcement Division (SLED) must post and remove a sign at the proposed place of business.
2. This sign must remain posted for at least fifteen days, and may be removed only by the SLED agent. If the sign disappears before the SLED Agent removes it, contact the S.C. Department of Revenue or SLED immediately. Permits/Licenses will not be issued until the afternoon of the fourth day after the sign is taken down by Agent; unless your published ad provides for a later date.
D. Newspaper advertisements:

1. A notice of application must be placed at least once a week for three consecutive weeks in a newspaper approved by the department for your area.

2. The notice must:
   (a) be in the legal notices section of the newspaper or an equivalent section if the newspaper has no legal notices section;
   (b) be in large type, covering a space of one column wide and at least two inches deep; and
   (c) state the type of license applied for and the exact location of the proposed business. (An applicant applying for both a beer/wine permit and also an alcoholic liquor license may use the same advertisement for both if the department approves the advertisement.)

3. Your application may not be filed until you have furnished a receipt from the approved newspaper indicating that you have paid for the Notice of Application.

4. To complete your application, you must:
   (a) submit your Affidavit of Publication and a copy of the ad furnished to you by the newspaper office.

SAMPLE ADVERTISEMENT

NOTICE OF APPLICATION

Notice is hereby given that ________________ intends to apply to the South Carolina Department of Revenue for a license/permit that will allow the sale and ________ premises consumption of

_________________________ (Beer, Wine and/or liquor) (as applicable) at ________________________________ (exact street address, including suite or unit number, city, state and zip)

To object to the issuance of this permit/license, written protest must be postmarked no later than

_________________________ (16 days from the date of the publication of the first advertisement)

For a protest to be valid, it must be in writing, and should include the following information:

(1) the name, address and telephone number of the person filing the protest;
(2) the specific reasons why the application should be denied;
(3) that the person protesting is willing to attend a hearing (if one is requested by the applicant);
(4) that the person protesting resides in the same county where the proposed place of business is located or within five miles of the business; and,
(5) the name of the applicant and the address of the premises to be licensed.

Protests must be mailed to: S.C. Department of Revenue, ABL SECTION, P.O. Box 125, Columbia, SC 29214-0907; or faxed to: (803) 896-0110.

E. Finding the correct newspaper to publish your advertisement:

1. Refer to page 3 and find the county in which your business is located.

2. If your business is NOT located in the city or municipal limits, or if you do not find the city or municipality in which your business is located, use one of the newspapers that is approved for the county in which the business is located. County approved newspapers are the first newspapers listed under the county's name.

3. If your business is within the city or municipal limits and that city is listed on page 3, place your advertisement in a newspaper listed below that city or municipality.

If you are not sure, please call this office at (803) 898-5864 before advertising.

Orangeburg County
Times & Democrat
HOLLY HILL
Holly Hill Observer
NORTH
North Trade Journal
SANTEE
Santee Striper

If your business is located in Elloree, a municipality of Orangeburg County that is not listed under Orangeburg County, you would publish your advertisement in the Times Democrat.

If your business is located within the city limits of Santee, a municipality that is listed under Orangeburg County, you would publish your advertisement in the Santee Striper.