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dor.sc.gov

Email: ABL@dor.sc.gov

STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

AFFIRMATION WAIVING DISTANCE REQUIREMENT

ABL-956 (Rev. 8/23/21) 4569

Mail to: SCDOR, ABL Section, PO Box 125, Columbia, SC 29214-0907

EEIN/QQNI	Alachal Payaraga Liganga numbar	
FEIN/SSN		
Legal entity name or sole proprietor		
Trade name (doing business as)		
Physical location of business (no PO box)		
	Street	
City	State	ZIP
Church/Playground/School name		
Authorized Officer/Official		
Physical location of Church/Playground/School		
	Street	
City	State	ZIP
Personally appeared before me, who being duly sworn states that he/she is an authorized officer/official for the above named church/playground/school and that such church/playground/school does NOT have any objections to the issuance of a Liquor by the Drink License at the above named location (61-6-120). It is also understood that by signature of this affirmation that this waiver would apply to any future applications for this location.		
Signature of authorized officer/offici	al	Date

Social Security Privacy Act Disclosure

Title of authorized officer/official

It is mandatory that you provide your Social Security Number on this tax form if you are an individual taxpayer. 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 SCDOR must provide identifying numbers, as prescribed, for securing proper identification. Your Social Security Number is used for identification purposes.