



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
AFFIDAVIT WAIVING DISTANCE REQUIREMENT

MAIL TO: South Carolina Department of Revenue, ABL Section, 300A Outlet Pointe Blvd., PO Box 125, Columbia, SC 29214-0907.

Alcohol Beverage Licensing File#: _____

ENTITY NAME _____

D/B/A NAME _____

PROPOSED LOCATION ADDRESS _____

CITY _____ COUNTY _____ ZIP _____

CHURCH/PLAYGROUND NAME _____

AUTHORIZED OFFICER/OFFICIAL _____

ADDRESS OF CHURCH/PLAYGROUND _____

CITY _____ COUNTY _____ ZIP _____

Personally appeared before me _____, who being duly sworn states that he/she is an authorized officer/official for the above named church/playground and that such church/playground 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 affidavit that this waiver would apply to any future applications for this location.

Sworn to and subscribed before me this _____ day of _____, year of _____

Notary Public for _____

My commission expires _____

Notary (L.S.) _____

Notary (printed name) _____

Signature and Title of Authorized Officer/Official