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dor.sc.gov

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

APPLICATION FOR LIQUOR REPRESENTATIVE

ABL-107B
(Rev. 3/23/23)
4290

The fastest, easiest way to submit the ABL-107B is by using our free online tax portal, MyDORWAY, available at **MyDORWAY.dor.sc.gov**.

File number: _____

Mail to: SCDOR, ABL Section, PO Box 125, Columbia, SC 29214-0907
Email: ABL@dor.sc.gov

License Fee: $250 biennially
Expires: August 31 of even numbered years

Registered producer/importer name _____

Physical address (no PO Box) _____
Street

_____
City State ZIP

Mailing address _____
Street

_____
City State ZIP

Registered producer/importer's South Carolina representative
All liquor representatives must be South Carolina residents for at least 30 days prior to applying. For more information, see Title 61, Chapter 6, Article 7 of the SC Code of Laws, available at **dor.sc.gov/policy**.

1. Name of representative _____

2. Location address where the product will be received (no PO Box) _____
Street

_____
City County State ZIP

3. Do you own or have a financial interest in a liquor wholesale/distributor or retail business in SC? ☐ Yes ☐ No

If yes, explain _____

4. Business phone number _____

I do hereby certify that the SCDOR shall have the right within statutory limitations to audit and examine the books, records, and papers of the applicant to enforce laws administered by the SCDOR and SLED.

I certify that this business meets the legal requirements under South Carolina law for the license and/or permit type for which this application is being filed. I understand that a misstatement or concealment of fact in an application is sufficient grounds for the revocation of the license and/or permit. Under penalties of perjury, I declare that I have read and understood this form and the information I have provided herein is true, correct, and complete.

_____ _____
Representative's Signature Date

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