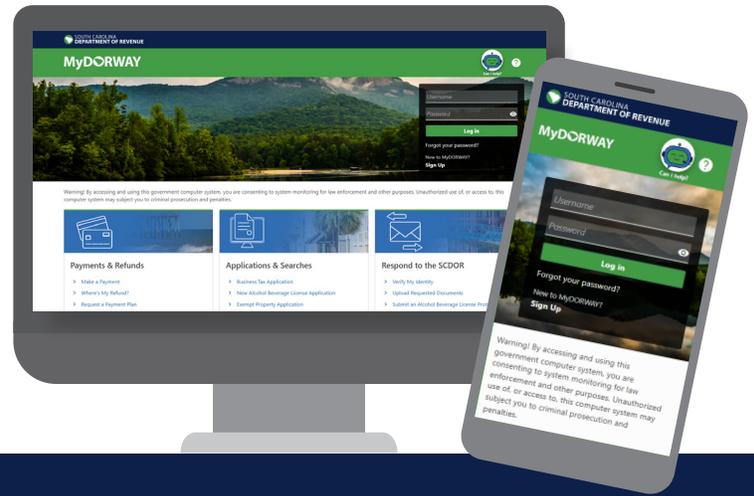


# Application for Registration of Beer & Wine Producer or Importer

**APPLY FOR YOUR BEER & WINE PRODUCER OR IMPORTER, CONTRACTING BREWER, AND CONTRACTING VINTNER PERMITS ON MyDORWAY!**

- It's faster and easier than completing a paper application and results in fewer errors.
- Many supplemental forms are included in the MyDORWAY application workflow.
- Register your brands at [productregistrationonline.com](http://productregistrationonline.com)



Manage your tax accounts online for FREE!

# MyDORWAY

Fast. Easy. Secure.

## One-stop shop!

Manage your SCDOR accounts all in one place

- Review your payment history
- Immediate access to correspondence
- Easily update your account information

+ more!

## Why MyDORWAY?

- Access your account 24/7
- Make ACH debit or credit card payments, **with no convenience fees**
- Receive immediate confirmation for transactions
- Reduce errors with automatic calculations
- Control who has access to your SCDOR accounts
- Always know you're using the most up-to-date forms

Ready to sign up for MyDORWAY?

Visit [MyDORWAY.dor.sc.gov](http://MyDORWAY.dor.sc.gov) to get started.

You'll need your FEIN or SSN, License Number, and a Letter ID or copy of your last return.

Tutorials are available at [dor.sc.gov/MyDORWAY](http://dor.sc.gov/MyDORWAY)

Want more information about Alcohol Beverage Licensing? Visit [dor.sc.gov/abl](http://dor.sc.gov/abl)



Save time and paper! The fastest, easiest way to complete and submit your application is using our free online portal, MyDORWAY at **MyDORWAY.dor.sc.gov**. You must have a MyDORWAY account before applying for these licenses. To apply on MyDORWAY, start by logging in, then click the **More** tab. On the next screen, select **Apply for a New Alcohol Beverage License**.

**Submit all of the following documents that apply:**

- 1. Completed application, signed and dated
- 2. Permit fees
- 3. Completed ABL-946 for each principal
- 4. Completed ABL-920
- 5. Criminal record check (CRC) for all principals that is less than 90 days old
  - If the principal is not an SC resident, the statewide CRC must be submitted from the current state of residency.
  - If the principal has lived in SC for less than two years, the statewide CRC must be submitted from the previous state of residency and from SLED at **www.sled.sc.gov**.
  - If the principal has lived in SC for two years or more, submit the CRC from SLED at **www.sled.sc.gov**.
  - Attach a disposition for any charge that does not list the court charges determination.
- 6. A copy of your Basic Permit issued by the Alcohol and Tobacco Tax and Trade Bureau (TTB) OR a copy of your Brewer's Notice if applying as a brewery

**LLCs, LLPs, and General Partnerships are required to submit:**

- LLC Operating Agreement, Partnership Agreement, or the ABL-919

**Social Security Privacy Act Disclosure**

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.



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
APPLICATION FOR REGISTRATION OF  
BEER & WINE PRODUCER OR IMPORTER

Save time and paper! Complete your application on MyDORWAY at **MyDORWAY.dor.sc.gov**.

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

**File Number:** \_\_\_\_\_

**Email:** ABL@dor.sc.gov

**Permit Fee:** \$400 biennially

**Expires:** August 31 of even numbered years

PRINT ALL INFORMATION					
<b>1. Legal entity name or sole proprietor</b>  <hr/>	<b>5. Trade name (doing business as)</b>  <hr/>				
<b>2. Physical location of business (no PO box)</b>  <hr/> <p style="text-align: center;">Street</p> <hr/> <p>City <span style="float: right;">State <span style="float: right;">ZIP</span></span></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>6. Business phone number</b></td> <td><b>Principal's phone number</b></td> </tr> <tr> <td colspan="2"><hr/></td> </tr> </table> <b>7. FEIN/SSN</b>  <hr/> <b>8. Email</b>  <hr/> <b>9. Check one:</b> <input type="checkbox"/> Brewery <span style="margin-left: 100px;"><input type="checkbox"/> Winery</span> <input type="checkbox"/> Beer producer/importer <span style="margin-left: 100px;"><input type="checkbox"/> Wine producer/importer</span>	<b>6. Business phone number</b>	<b>Principal's phone number</b>	<hr/>	
<b>6. Business phone number</b>	<b>Principal's phone number</b>				
<hr/>					
<b>3. Mailing address</b>  <hr/> <p style="text-align: center;">Designated agent or compliance agent</p> <hr/> <p style="text-align: center;">Street</p> <hr/> <p>City <span style="float: right;">State <span style="float: right;">ZIP</span></span></p>	<b>10. Does the applicant own or have a financial interest in a beer or wine wholesale distributor or retail business in South Carolina?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, explain:</b> _____ <hr/> <hr/>				
<b>4. Type of ownership</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC/LLP <input type="checkbox"/> SC Corporation    Date of Inc. _____ <input type="checkbox"/> Foreign Corporation    State of Inc. _____    Date of Inc. _____ <input type="checkbox"/> Other (explain) _____	<b>11. Does your TTB permit indicate that you are a wholesaler?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, submit a letter indicating you are the primary American source or American producer.</b>				

**DESIGNATED AGENT**

You must **designate a person to receive all notices** from the SCDOR concerning your license and/or permit. These notices will be sent to the person at the **mailing address shown in question 3**. It is your responsibility to keep the SCDOR 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.

\_\_\_\_\_  
Name of designated agent or compliance agent

\_\_\_\_\_  
Compliance agency name, if applicable

**Applications take at least six to eight weeks to process. If the application is denied by the SCDOR, this process will be delayed.**

Beer, wine, and liquor 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 are found in Chapter 7 of the Code of Regulations. Read the full code sections at [dor.sc.gov/policy](http://dor.sc.gov/policy).

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 is true, correct, and complete.

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date





**If you're applying on MyDORWAY, the ABL-946 is part of the normal application workflow. You do not need to submit or attach a paper copy of the ABL-946 if applying on MyDORWAY.**

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

**Email:** ABL@dor.sc.gov

**What you need to know:**

- The SCDOR cannot issue a license or permit to anyone who owes delinquent taxes, penalties, or interest.
- You are waiving your rights under SC Code Sections 12-54-240 and 30-2-1. You can read the full code sections at [dor.sc.gov/policy](http://dor.sc.gov/policy).
- The SCDOR has the right to share information with other principals or applicants in order to process the application or renewal.

Legal entity name \_\_\_\_\_ FEIN \_\_\_\_\_

Principal's name \_\_\_\_\_

Home address (no PO box) \_\_\_\_\_

Street

City

State

ZIP

Date of SC residency (mm/dd/yyyy) \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_

SSN \_\_\_\_\_ FEIN \_\_\_\_\_ Percent of ownership \_\_\_\_\_

Principal types (Check one):

- Owner     Corporate officer     Partner     Member (LLC)     Manager (LLC)
- Employee/Manager     Nonprofit officer     Fiduciary     Publicly traded agent

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

Yes     No    **If yes, you must attach an explanation.**

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

Yes     No    **If yes, you must attach an explanation.**

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.

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

**Social Security Privacy Act Disclosure**

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.



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**VERIFICATION OF LAWFUL PRESENCE IN THE  
UNITED STATES**

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

**This form is required by SC Code Section 8-29-10 and Title 61. See the full code section at dor.sc.gov/policy.**

I, \_\_\_\_\_ of \_\_\_\_\_,  
Print clearly first, middle, and last name Home address (no PO box)  
\_\_\_\_\_  
City State ZIP

being first duly sworn, deposes and state the following:

Name change/alias:  Yes  No **If yes, list:** \_\_\_\_\_

**Check ONLY one box.**

- 1. I am a **United States Citizen.**
- 2. I am a **Legal Permanent Resident.**
- 3. I am a **Qualified Alien** under the Federal Immigration and Nationality Act, Public Law 82-44.
- 4. I am a **Foreign Citizen**, and resident of \_\_\_\_\_  
Country of residency  
and reside at \_\_\_\_\_,  
Home address (no PO box) City, State, and ZIP
- 5. Other (**Explain**): \_\_\_\_\_  
\_\_\_\_\_  
Date of birth (mm/dd/yyyy) Alien Registration number

**YOU MUST ATTACH A COPY OF ALL IMMIGRATION DOCUMENTS**

This affirmation must be completed by all applicants or the application will be denied. This affirmation will also apply during any renewal. Any change in immigration or citizenship status must immediately be reported to the SCDOR. Willfully making a false statement on this affirmation is a felony, punishable by fines and/or imprisonment.

**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 affirmation and to the best of my knowledge and belief, it is true, correct, and complete.**

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.

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date