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STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

ABL RENEWAL FORM

ABL-565 (Rev. 9/29/25) 4278

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Renewal Fe	e L	License Type		number	FEIN/SSN	Retail License Numb	
A 4 l- f 4!			<u>'</u>				
Account Information Owner/Corporation		oprietor:					
•	·	oprictor.		Email:			
Trade name (if applicable): Ownership type:				County:			
Business address:				County.			
Mailing address (if o	lifforent from	abovo):					
If there is a change			roscon	LICDC ob	anged address	Mayad lagation of hyginaga	
Other - Explai	-	ons address, check	1645011.	05P5 (11	anged address	Moved location of business	
<u> </u>		oholic beverages (b	eer, wine, and	d/or liquor) for	on premises consump	otion after 5 PM? See §61-2-145(
Yes No	If yes , you mu	st provide a copy of yo	ur Liquor Liabil	ity Insurance pol	icy. If no , you must subr	mit an ABL-978, On Premises	
				· ·	oes not apply to out-of-s		
						se or permit type for which this 61, Chapters 2, 3, 4, and 6; Tit	
12, Chapters 21 and	d 33; Title 33,	Chapter 42; and Titl	le 63, Chapte	rs 7, 13, 15, ar	nd 19. Regulations are	e found in Chapter 7 of the Coo	
of Regulations. A co	ppy of the SC	Code of Laws and F	regulations is	avaliable at u c	or.sc.gov/policy.		
Yes No	If no, give	e details					
		• •		nagers (REQI	·	I documents if more space is needed	
FEIN/SSN	Name/Title/General partners				Home address	% Ownership	
If a required princi	nal is not list	ed this application	will be den	ied			
3. Have you, any p	artner, any pr	incipal, or any emp	loyee with da	ıy-to-day mana	gement responsibilitionstate or any other sta	es been convicted of a crime te in the past two years?	
Yes No	If yes , giv	e details:					
by the SCDOR prio	r to the expira es of beer, w Therefore, fil	ation date of your lic rine, <mark>or liquor upo</mark> r e your renewal app	ense, you ma	ay be required on of your lic	to file an application	e appropriate fee is not receiv for a new license or permit. Yo resume sales until you recei	
	nalties of perj					for the revocation of the licen mation I have provided herein	
Signature of applicant			Printed name		Date	Phone number	