



Save time and paper! Complete your application on MyDORWAY at **MyDORWAY.dor.sc.gov**. See the instructions in this package for more information.

**Submit all of the following documents for any entity type:**

1. Completed application, signed and dated
2. Completed ABL-946 for each principal
3. LLC Operating Agreement, Partnership Agreement, or ABL-919 if applying as an LLC, LLP, or General Partnership
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. Your Retail Sales License Number. Apply online at **dor.sc.gov/register** or call the SCDOR at **1-844-898-8542** if you don't have your number.
7. Copy of TTB Producers and Blenders Basic Permit



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**GENERAL INFORMATION FOR  
OUT-OF-STATE WINE SHIPPER LICENSE**

**The information provided is for general guidance only. It should not be considered or substituted for legal advice. SCDOR representatives will not provide legal advice. Read the laws, regulations, and applicable court decisions carefully before applying.**

The SCDOR will process your application within 6-8 weeks. This process will be delayed if the SCDOR denies your application. All applications that are denied or have been protested are subject to a hearing with the Administrative Law Court.

The fastest, easiest way to submit the ABL-571 is by using our free online tax portal, MyDORWAY, available at **MyDORWAY.dor.sc.gov**. You must have a MyDORWAY account before applying for the ABL-571. 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**.

Or you can submit the ABL-571 by:

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

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

### **GENERAL QUALIFICATIONS**

An Out-of-State Wine Shipper License allows you to ship up to 24 bottles of wine each month directly to a resident of South Carolina who is at least 21 years of age for their personal use and not for resale. All Out-of-State Wine Shipper License holders must follow these guidelines:

1. You cannot ship more than 24 bottles of wine each month to one person.
2. All shipments must be clearly labeled "CONTAINS ALCOHOL: SIGNATURE OF PERSON AGE 21 OR OLDER REQUIRED FOR DELIVERY."
3. You must file a report no later than January 20th of each year with the SCDOR of the total amount of wine shipped into South Carolina in the preceding year and pay taxes on these shipments.
4. You must permit the SCDOR to perform an audit of your records upon request.
5. You consent to follow the laws and regulations of South Carolina and the SCDOR.
6. You must renew your license by August 31 of even numbered years.



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
APPLICATION FOR OUT-OF-STATE
WINE SHIPPER LICENSE

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

License Fee: \$600 biennially

Expires: August 31 of even numbered years

PRINT ALL INFORMATION

Form with 9 sections: 1. Legal entity name or sole proprietor, 2. Physical location of business, 3. Mailing address, 4. Type of ownership, 5. Trade name, 6. Business phone number, 7. FEIN/SSN, 8. Retail Sales License Number, 9. Email.

DESIGNATED AGENT

You must designate a person to receive all notices from the SCDOR concerning your license. The SCDOR will send these notices to the person at the mailing address you provide in section 3. It is your responsibility to keep the SCDOR informed of any change to your designated agent or mailing address, as the law will presume you received all notices sent to the address you have given us.

Name of Designated Agent \_\_\_\_\_

The SCDOR will process your application within 6-8 weeks. This process will be delayed if the SCDOR denies your application. All applications that are denied or have been protested are subject to a hearing with the Administrative Law Court.

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. For a general summary of the qualifications and legal requirements for beer, wine, and liquor permits and licenses, see the ABL-975. 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 63, Chapters 7, 13, 15, and 19, 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.

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.



**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 Title 30, Chapter 2 and SC Code Section 12-54-240. Full code sections are available 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](http://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