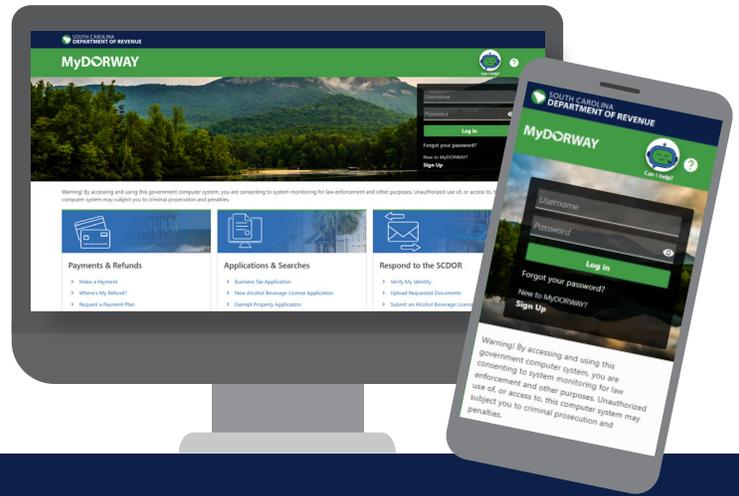


Verification of Lawful Presence in the United States

APPLY FOR YOUR ALCOHOL BEVERAGE LICENSE ON MyDORWAY!

- It's faster and easier than completing a paper application and results in fewer errors.
- If applying on MyDORWAY, the ABL-920 is part of the application workflow.
Include all immigration documents as attachments.
- Don't have a Retail License yet?
Get started at dor.sc.gov/register



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 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

Want more information about Alcohol Beverage Licensing? Visit dor.sc.gov/abl



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