ں کو تر dor.sc.gov	AFFI	STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE RMATION WAIVING DISTANCE REQUIREMENT	<b>ABL-956</b> (Rev. 8/23/21) 4569
Mail to: SCDOR, Email: ABL@dor.		125, Columbia, SC 29214-0907	1
FEIN/SSN		Alcohol Beverage License number	
Legal entity name	or sole proprietor		
Trade name (doin	g business as)		
Physical location	of business (no PO bo	x)	
		Street	
	City	State	ZIP
Church/Playgrour	nd/School name		
Authorized Officer	r/Official		
Physical location	of Church/Playground/	/School	
		Street	
	City	State	ZIP
Personally appeared before me, who being duly sworn states that he/she is an authorized officer/official for the above named church/playground/school and that such church/playground/school does NOT have any objections to the issuance of a Liquor by the Drink License at the above named location (61-6-120). It is also understood that by signature of this affirmation that this waiver would apply to any future applications for this location.			

Signature of authorized officer/official

Date

Title of authorized officer/official

## **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.

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