

**STATE OF NORTH CAROLINA  
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

400 East Tryon Road  
Raleigh, NC 27610  
Phone: 919-779-0700 Fax: 919-661-5927  
[www.abc.nc.gov](http://www.abc.nc.gov)

Permit #: \_\_\_\_\_  
Date Issued: \_\_\_\_\_

**APPLICATION FOR SUPPLIER PERMIT  
FOR SPIRITUOUS LIQUOR**

**Additional Required Documents:**

*Copy of Federal Basic Permit issued by TTB*

*NC Certificate of Authority as filed with NC Secretary of State (Out-of-State Business)*

*NC Articles of Incorporation / Organization as filed with the NC Secretary of State (NC Business)*

*Form must be completed fully – Please print legibly or type*

**Firm Name:** \_\_\_\_\_  
Corporate Name DBA

**Physical Address:** \_\_\_\_\_  
Street City State Zip Code

**Mailing Address:** \_\_\_\_\_  
(or Remit To address) Street or PO Box City State Zip Code

**Phone #:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Contact Person(s):** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Nature of Business (Distiller / Importer / Other):** \_\_\_\_\_

**Location of Facility:** \_\_\_\_\_

**Where will shipments originate? (if different from facility):** \_\_\_\_\_

**Federal Basic Permit Number(s) and Types (required):** \_\_\_\_\_

**NC Broker:** \_\_\_\_\_ **Rep:** \_\_\_\_\_

**Are any of your employees related to any Commission / ABC Board Member or Employee?** \_\_\_\_\_

**Firm Name** \_\_\_\_\_

**By** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**FORWARD APPLICATION & REQUIRED DOCUMENTS TO:**

**NC ABC COMMISSION  
400 EAST TRYON ROAD  
RALEIGH, NC 27610**