

**NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION
(919) 779-0700**

Location: 400 E. Tryon Road
Raleigh, NC 27610

Mail: 4307 Mail Service Center
Raleigh, NC 27699-4307

RESOLUTION OF THE CITY OF _____, COUNTY OF _____, REGARDING THE DESIGNATION OF AN OFFICIAL TO MAKE RECOMMENDATIONS TO THE NORTH CAROLINA ALCOHOLIC BEVERAGE CONTROL COMMISSION ON ABC PERMIT APPLICATIONS.

WHEREAS G.S.18B-904(f) authorizes a governing body to designate an official, by name or by position, to make recommendations concerning the suitability of persons or locations for ABC permits; and

WHEREAS the City of _____, County of _____, wishes to notify the NC ABC Commission of its designation as required by G.S.18B-904(f);

BE IT THEREFORE RESOLVED that _____, _____,
(Name of Official) (Title or Position)

is hereby designated to notify the North Carolina Alcoholic Beverage Control Commission of the recommendations of the City of _____, County of _____, regarding the suitability of persons and locations for ABC permits within its jurisdiction.

BE IT FURTHER RESOLVED THAT notices to the City of _____, County of _____, should be mailed or delivered to the official designated above at the following address:

Mailing address: _____

Office location: _____

City: _____, NC

Zip Code: _____ Phone #: _____

This the _____ day of _____, 20____.

(Mayor/Chairman)

Sworn to and subscribed before me this the _____ day of _____, 20____.

(Clerk)