

NORTH CAROLINA ALCOHOLIC BEVERAGE CONTROL COMMISSION

APPLICATION FOR ABC RETAIL PERMIT

Add'l Loc: _____ Application #: _____
 Add-On: _____ Temp. Permit #: _____
 Switching: _____ Date: _____ Date Issued: _____
 Other: _____ Received By: _____ Expiration Date: _____

(Do Not Write Above This Line)

I hereby make application to the North Carolina Alcoholic Beverage Control Commission for the following permit(s) at this location:

(Check the appropriate block(s))

- | | | |
|--|--|--|
| <input type="checkbox"/> Malt Beverage (Beer) On Premise (\$400)
<input type="checkbox"/> Malt Beverage (Beer) Off Premise (\$400)
<input type="checkbox"/> Malt Beverage Tasting (\$100)
<input type="checkbox"/> Malt Beverage Shop (\$100) | <input type="checkbox"/> Unfortified Wine On Premise (\$400)
<input type="checkbox"/> Unfortified Wine Off Premise (\$400)
<input type="checkbox"/> Wine Tasting (\$100) | <input type="checkbox"/> Fortified Wine On Premise (\$400)
<input type="checkbox"/> Fortified Wine Off Premise (\$400)
<input type="checkbox"/> Wine Shop (\$100) |
| <input type="checkbox"/> Malt Beverage On Premise Only (Tour Boat) (\$400) | <input type="checkbox"/> Unfortified Wine On Premise Only (Tour Boat) (\$400) | <input type="checkbox"/> Fortified Wine On Premise Only (Tour Boat) (\$400) |
| <input type="checkbox"/> Mixed Beverages Restaurant (\$1,000)
<input type="checkbox"/> Mixed Beverages Hotel (\$1,000)
<input type="checkbox"/> Mixed Beverages Private Bar (\$1,000)
<input type="checkbox"/> Mixed Beverages Private Club (\$1,000)
<input type="checkbox"/> Mixed Beverages Sports Club (\$1,000)
<input type="checkbox"/> Mixed Beverages Distillery (\$1,000)
<input type="checkbox"/> Mixed Beverages Catering (\$200) | <input type="checkbox"/> Mixed Beverages Nonprofit Organization (\$1,000)
<input type="checkbox"/> Mixed Beverages Political Organization (\$1,000)
<input type="checkbox"/> Mixed Beverages Convention Center (\$1,000)
<input type="checkbox"/> Mixed Beverages Community Theater (\$1,000)
<input type="checkbox"/> Mixed Beverages Guest Room Cabinet (\$1,000)
<input type="checkbox"/> Mixed Beverages Event Center (\$1,000)
<input type="checkbox"/> Mixed Beverages Tour Boat (\$1,000) | <input type="checkbox"/> Mixed Beverages Tourism Resort (\$1,000)
<input type="checkbox"/> Mixed Beverages Tourism ABC Establishment (\$1,000)
<input type="checkbox"/> Mixed Beverages Residential Private Club (\$1,000) |
| <input type="checkbox"/> Brown-bagging Restaurant (\$200) (Small) 36-49 seating capacity
<input type="checkbox"/> Brown-bagging Restaurant (\$400) (Large) 50 or more seating capacity
<input type="checkbox"/> Bring Your Own Beverage (\$50) (Adult Entertainment Business Only) | <input type="checkbox"/> Brown-bagging Private Club (\$400)
<input type="checkbox"/> Brown-bagging Community Theater (\$400)
<input type="checkbox"/> Brown-bagging Veterans Organization (\$400)
<input type="checkbox"/> Special Occasion (\$400)
<input type="checkbox"/> Cotenant (\$50) | <input type="checkbox"/> Culinary (\$200)
<input type="checkbox"/> Brew On Premise (\$400)
<input type="checkbox"/> Wine Making On Premise (\$400)
<input type="checkbox"/> Mobile Bar Services (\$500) |

BUSINESS INFORMATION

(If Business is located inside city limits, also list city)

COUNTY: _____ CITY: _____

Corp/LLC Name: _____ Trade Name: _____

Location Address: _____

Street Address
City
State
Zip Code

Mailing Address: _____

Street Address/Post Office Box
City
State
Zip Code

Type of Ownership:
 Individual Owner must apply
 Partnership Partners must apply
 Corporation Officers and 25% or more shareholders must apply
 Limited Liability Co. Members owning 25% or more must apply (managing member)
 Limited Partnership General Partner must apply

APPLICANT INFORMATION *(Separate form for each applicant)*

Applicant's Full Name: _____

First (No abbreviations)
Middle
Last

Date of Birth: _____ Soc. Sec. # _____ Email Address: _____

(last 4 digits)

Residential Address: _____

Street Address
City
State
Zip Code

Telephone Numbers: _____

Daytime
Business
Mobile
Fax

Position in Company: _____ Site Manager Only:

If Corporation, Corporate name: _____

Applicant's position/title: President Vice-President Secretary Treasurer _____ % Stockholder If

25% or more stockholder is another entity, name of entity: _____

If Limited Liability Company (LLC), LLC name: _____

Member-Managed LLC Manager-Managed LLC

Representative's position/title: President Vice-President Secretary Treasurer _____ % Stockholder

(LLCs must also provide a copy of the Operating Agreement)

If 25% or more stockholder is another entity, name of entity: _____

If a Limited Partnership, Limited Partnership Name: _____

General Partner Name: _____

REGISTERED AGENT INFORMATION (Corporations, LLCs and Limited Partnerships)

Registered Agent Name: _____

Registered Agent Mailing Address: _____
Street Address/PO Box City State Zip Code

Registered Agent Location Address: _____
Street Address City State Zip Code

It is a Crime to make a false statement to obtain an ABC permit.

I CERTIFY UNDER OATH OR AFFIRMATION THAT:

- The information on this application is correct to the best of my knowledge.
- I am not less than 21 years of age. (Except for a manager of a business selling only malt beverages and unfortified wine, or a manager of an establishment operated by a corporation holding off premise permits for malt beverage and unfortified wine, in which case I certify I am not less than 19 years of age.)
- I have not been convicted of a misdemeanor controlled substance offense or an alcoholic beverage offense within the past two (2) years.
- I have not been convicted of a felony within the past three (3) years, and if convicted of a felony before then, I have had my citizenship restored. (*NOTE: Conviction is defined as, "A person who has been "convicted" and found guilty or has entered a plea of guilty or nolo contendere, and for which a judgment has been entered."*)
- I have not had an alcoholic beverage permit revoked within the past three years.
- I am a resident of the state of North Carolina. (Except for an officer, stockholder or interest holder of a corporate/LLC applicant not responsible for the day to day operation of the business, or an applicant that has executed a power of attorney in accordance with G.S. 18B-900(a)(2)(b).)
- I am an owner, lessee or manager/site manager of the premises to be covered by the ABC permit(s).
- I have no financial interest in any alcoholic beverage manufacturing, bottling or wholesale distribution business, except as authorized for North Carolina wineries, breweries and distilleries under Article 11 of Chapter 18B of the North Carolina General Statutes.

Signature of Applicant

Date

Sworn to and subscribed before me this the _____ of _____
Day Month Year

My Commission Expires: _____
Date of Expiration Signature of Notary
(or other person qualified by law to administer oaths)

(NOTE: MUST BE STAMPED OR SEALED BY NOTARY)

FORWARD THIS APPLICATION, FEE(S) AND REQUIRED DOCUMENTS TO:

If sending USPS, Express Mail, FedEx or UPS:
NC ABC COMMISSION
400 EAST TRYON ROAD
RALEIGH, NC 27610

As an alternative for US Postal Service (regular delivery):
NC ABC COMMISSION
4307 MAIL SERVICE CENTER
RALEIGH, NC 27699-4307