# NORTH CAROLINA ALCOHOLIC BEVERAGE CONTROL COMMISSION
# APPLICATION FOR ABC RETAIL PERMIT

**Addt'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))*

- ☐ **Malt Beverage (Beer) On Premise** ($400)
- ☐ **Malt Beverage (Beer) Off Premise** ($400)
- ☐ **Malt Beverage Tasting** ($100)
- ☐ **Malt Beverage Shop** ($100)
- ☐ **Unfortified Wine On Premise** ($400)
- ☐ **Unfortified Wine Off Premise** ($400)
- ☐ **Wine Tasting** ($100)
- ☐ **Fortified Wine On Premise** ($400)
- ☐ **Fortified Wine Off Premise** ($400)
- ☐ **Wine Shop** ($100)

- ☐ **Malt Beverage On Premise Only (Tour Boat)** ($400)
- ☐ **Unfortified Wine On Premise Only (Tour Boat)** ($400)
- ☐ **Fortified Wine On Premise Only (Tour Boat)** ($400)

- ☐ **Mixed Beverages Restaurant** ($1,000)
- ☐ **Mixed Beverages Hotel** ($1,000)
- ☐ **Mixed Beverages Private Bar** ($1,000)
- ☐ **Mixed Beverages Private Club** ($1,000)
- ☐ **Mixed Beverages Sports Club** ($1,000)
- ☐ **Mixed Beverages Distillery** ($1,000)
- ☐ **Mixed Beverages Catering** ($200)
- ☐ **Mixed Beverages Nonprofit Organization** ($1,000)
- ☐ **Mixed Beverages Political Organization** ($1,000)
- ☐ **Mixed Beverages Convention Center** ($1,000)
- ☐ **Mixed Beverages Community Theater** ($1,000)
- ☐ **Mixed Beverages Guest Room Cabinet** ($1,000)
- ☐ **Mixed Beverages Event Center** ($1,000)
- ☐ **Mixed Beverages Tour Boat** ($1,000)
- ☐ **Mixed Beverages Tourism Resort** ($1,000)
- ☐ **Mixed Beverages Tourism ABC Establishment** ($1,000)
- ☐ **Mixed Beverages Residential Private Club** ($1,000)

- ☐ **Brown-bagging Restaurant** ($200) **(Small) 36-49 seating capacity**
- ☐ **Brown-bagging Restaurant** ($400) **(Large) 50 or more seating capacity**
- ☐ **Bring Your Own Beverage** ($50) **(Adult Entertainment Business Only)**
- ☐ **Brown-bagging Private Club** ($400)
- ☐ **Brown-bagging Community Theater** ($400)
- ☐ **Brown-bagging Veterans Organization** ($400)
- ☐ **Special Occasion** ($400)
- ☐ **Cotenant** ($50)
- ☐ **Culinary** ($200)
- ☐ **Brew On Premise** ($400)
- ☐ **Wine Making On Premise** ($400)
- ☐ **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. #** (last 4 digits) _____ **Email Address:** _____

**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: M JST 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**