

## **ABC COMMERCIAL PERMIT APPLICATION CHECKLIST – LIMITED PARTNERSHIP**

The North Carolina ABC Commission is dedicated to providing excellent customer service to the citizens of our great State and understands the necessity of receiving ABC permit(s) in a timely manner. This checklist, designed specifically for the referenced ownership, will assist in navigating through the ABC Commercial Application process to ensure you have provided the necessary documentation for a complete packet. To facilitate this process, please submit the documents in the order listed, without any omission, as that will result in a delay of processing your application.

### **Who Must Apply:**

- **Limited Partnership**
  - The General Partner(s) must apply and on-site manager (must be resident of NC)

### **CHECKLIST DOCUMENTS**

- **APPLICATION**
  - Must be completed in its entirety
  - Must be signed and notarized
- **LEASE/RENTAL AGREEMENT OR A COPY OF THE RECORDED DEED**
  - Limited Partnership must be the tenant under a lease/rental agreement or Grantee under recorded deed
  - Address of leased premises must be included
  - Lease term (if lease/rental agreement) to include commencement and expiration dates
- **ARTICLES**
  - Certificate of Limited Partnership with NC Secretary of State (in an Active status)
- **DIAGRAM**
  - Include a detailed diagram of the premises (standard size, not over-sized and it may be hand drawn)
- **INSPECTION/ZONING COMPLIANCE FORM (cannot be accepted if inspections are over 180 days)**
  - All sections completed and signed by appropriate officials
- **BREWER'S NOTICE OR FEDERAL BASIC PERMIT**
  - If applying as a brewery, submit a copy of the approved Brewer's Notice
  - If applying as a winery, submit a copy of the approved Federal Basic Permit
  - Must contain same location address where brewery/winery is located
- **PHOTOS**
  - Front exterior of the premises
  - Interior of the premises
- **WINE SHIPPER BRAND LISTING FORM (located under Commercial Forms)**
  - Only needed if winery is applying for a Wine Shipper Permit
- **FEIN – SSN VERIFICATION FORM**
  - Complete and sign

## **ABC COMMERCIAL PERMIT APPLICATION CHECKLIST – LIMITED PARTNERSHIP**

- **IDENTIFICATION**
  - All applicants must submit **black and white** copy of valid photo ID
- **FINGERPRINT CARD (fingerprint card is required unless prints have been submitted in the past for an ABC permit)**
  - Completed, signed and Full SS# on card
  - Authority for Release of Information form must be completed, signed and included with fingerprint card
  - \$38.00 fingerprint processing fee (per applicant)
- **CORRECT FEE(S) FOR PERMIT(S) AND FINGERPRINT FEE**
  - Certified check, cashier's check or money order
  - Payable to NC ABC Commission
  - If paying by credit card, complete credit card form (Visa, MasterCard, Discover)

**NOTE: OTHER DOCUMENTS REQUIRED FOR SPECIFIC ESTABLISHMENTS ARE LISTED UNDER 6 – 9 IN THE INSTRUCTIONS OF THE COMMERCIAL APPLICATION.**

# NORTH CAROLINA ALCOHOLIC BEVERAGE CONTROL COMMISSION

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

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## HOW TO APPLY FOR AN ABC COMMERCIAL PERMIT

### **INSTRUCTIONS AND REQUIRED DOCUMENTS:** *(Forms are available at [www.abc.nc.gov](http://www.abc.nc.gov))*

1. Complete this application in its entirety. Please print clearly or type. Application must be signed and notarized.
2. The correct fee(s) must be submitted with the application and supporting documents. Payment must be by a certified check, cashier's check or money order made payable to the North Carolina ABC Commission.
3. Include a black and white copy of applicant's valid photo ID.
4. Include one fingerprint card for each person required to submit an application for the business' permit. The fingerprint card must be completed (signed and filled out). The \$38.00 processing fee must be submitted by a certified check, cashier's check, money order or credit card (Visa, MasterCard, Discover). The certified check, cashier's check, and money order must be made payable to the North Carolina ABC Commission (may be combined with the application fee).
5. Include a completed Authority for Release form with each fingerprint card.
6. Include a copy of the executed lease or rental agreement or a copy of the registered deed, specifying the applicant (corporate/LLC name, if not individual ownership or partnership). This document must include the address of the business or a legal description of the property. The lease or rental agreement must include the beginning date and duration of agreement. Applicant must have possession of the property at the time the application is submitted.
7. Include a copy of the Federal Basic Permit or Brewers Notice.
8. Include a completed copy of the Inspection / Zoning Compliance form signed by the appropriate officials.
9. Include a detailed diagram of the premises (standard size, not over-sized and it may be hand drawn).
10. Photographs – Include a photo of the exterior front of the building with entrance and a photo of the interior of the business.
11. Corporations and LLCs must complete an Ownership Verification form.
12. Corporations must include a copy of the Articles of Incorporation (registered with NC Secretary of State with Active status).
13. LLCs must include copies of the Articles of Organization (registered with NC Secretary of State with Active status) and a copy of the Operating Agreement.

Wine Grower Applicants: Must also include a copy of the deed for the qualifying farm, stating the address of the farm and one of the following:

1. A survey indicating the areas and acreage used in the production of grapes (more detail is better); or
2. An affidavit stating that it is a farm of at least five acres committed to the production of grapes, listing the acreage used for the production of grapes and its function.

Liquor Importer / Bottler: Must also include, on a separate sheet of paper, a description of the operations of the business. Indicate the location address of any storage facility or bottling plant, if different than the address shown on the permit application, and any associated federal permit numbers.

Air Carrier: Must also include, on a separate sheet of paper, the name and location address of the airport(s) where products will be stored and sold.

Wine Shipper: Must also complete a Wine Shipper Brand Listing form.

***ABC permits are location specific and cannot be transferred from one location to another. If a business is relocating, it must apply for ABC permits for the new location.***

## **WHO MUST FILE:**

**INDIVIDUAL OWNERSHIP** – Individual owner or sole proprietor is required to complete an application, fingerprint card, Authority for Release form and provide a copy of valid identification, in addition to the other required documents. The lease/deed and other documents

**GENERAL PARTNERSHIP** – Each partner is required to complete an application, fingerprint card, Authority for Release form and provide a copy of valid identification, in addition to the other required documents. The lease/deed and other documents

**CORPORATION** – Each 25% or more stockholder and each officer (President, Vice-President, Secretary, Treasurer) is required to complete an application, fingerprint card, Authority for Release form and provide a copy of valid identification, in addition to the other required documents. The lease/deed and other documents must be in the corporate name.

*(For a corporation already holding permits and applying for an additional location under the same ownership entity, only one of the above persons or the site manager is required to complete an application and provide a valid ID, fingerprint card and Authority for Release form with the other required documents.)*

*(If a new corporate officer is appointed with no change of ownership, the new officer must complete an application and qualify for an ABC permit. No fee is required.)*

**LLC (LIMITED LIABILITY COMPANY):** Each applicant is required to complete an application, fingerprint card, Authority for Release form and provide a copy of valid identification, in addition to the other required documents. The lease/deed and other documents must be in the LLC name.

Member-Managed LLC – All members owning a 25% or more interest must complete an application. If no one owns a 25% interest, the managing members must complete an application.

Manager-Managed LLC – All managers, as listed in the Operating Agreement, as well as all members owning a 25% or more interest, must submit a completed application.

*(LLC already holding permits and applying for an additional location under the same ownership entity - only one of the above persons or the site manager is required to complete an application and provide valid ID, fingerprint card and Authority for Release form with the other required documents.)*

*(An LLC manager change with no change of ownership requires each new manager to complete an application and qualify for ABC permits. An updated Operating Agreement or an Amendment is needed. No fee is required.)*

**LIMITED PARTNERSHIP** – The general partner is required to submit a completed application, fingerprint card, Authority for Release form and provide a copy of a valid identification, in addition to the other required documents. The lease/deed and other documents must be in the Limited Partnership name.

**SITE MANAGER** (for all applicants!) – The site manager must be a North Carolina resident. If none of the individuals required to complete an application are NC residents and will serve as the site manager, the site manager or general manager who is a NC resident, must submit a completed application, fingerprint card, Authority for Release form and provide a copy of a valid identification.

**NON-RESIDENTS** (Individual or Partnership) – Each non-resident individual shall complete an application, a fingerprint card, Authority for Release form and provide a copy of a valid identification. Additionally, a NC resident manager shall be appointed as attorney-in-fact for the business. This person shall also complete the required application. A certified copy of an executed power-of-attorney, which shall be registered in the county where the proposed licensed premises is located, shall be submitted with the application.

***PLEASE MAKE A COPY OF THIS APPLICATION AND OTHER DOCUMENTS PRIOR TO SUBMITTING THEM TO THE COMMISSION.***

# NORTH CAROLINA ALCOHOLIC BEVERAGE CONTROL COMMISSION

## APPLICATION FOR ABC COMMERCIAL PERMIT

|                        |                    |                                   |
|------------------------|--------------------|-----------------------------------|
| TEMP. PERMIT #: _____  | FEES PAID _____    | APPLICATION #: _____              |
| Date Issued: _____     | _____              | Approved <input type="checkbox"/> |
| Expiration Date: _____ | _____              | Rejected <input type="checkbox"/> |
|                        | Date: _____        | By: _____                         |
|                        | Received By: _____ | Date: _____                       |

*(Do Not Write Above This Line)*

COUNTY: \_\_\_\_\_

Reason for Application:  New Business     Additional Location     New Officer     Additional Permit

Ownership Change     Address Change     New Manager (LLC)

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"/> Unfortified Winery (\$300)      | <input type="checkbox"/> Fuel Alcohol (\$100)              | <input type="checkbox"/> Bottler (\$300)                      | <input type="checkbox"/> Air Carrier (no fee)                    |
| <input type="checkbox"/> Fortified Winery (\$300)        | <input type="checkbox"/> Wine Importer (\$300)             | <input type="checkbox"/> Winery Special Event (\$200)         | <input type="checkbox"/> Wine Shipper (wineries only – no fee)   |
| <input type="checkbox"/> Brewery (\$300)                 | <input type="checkbox"/> Wine Wholesaler (\$300)           | <input type="checkbox"/> Cider & Vinegar Manufacturer (\$200) | <input type="checkbox"/> Wine Shipper Packager (\$100)           |
| <input type="checkbox"/> Distillery (\$300)              | <input type="checkbox"/> Malt Beverages Importer (\$300)   | <input type="checkbox"/> Wine Producer (\$300)                | <input type="checkbox"/> Spirituous Liquor Warehouse (no fee)    |
| <input type="checkbox"/> Packaging and Logistics (\$300) | <input type="checkbox"/> Malt Beverages Wholesaler (\$300) | <input type="checkbox"/> Malt Beverage Special Event (\$200)  | <input type="checkbox"/> Spirituous Liquor Tasting (\$100)       |
|  |  | <input type="checkbox"/> Liquor Importer/Bottler (\$500)      | <input type="checkbox"/> Spirituous Liquor Special Event (\$200) |

### BUSINESS INFORMATION

Trade Name of Business: \_\_\_\_\_

Location Address: \_\_\_\_\_  
Street Address City State Zip Code

Mailing Address: \_\_\_\_\_  
Street Address/Post Office Box City State Zip Code

Type of Ownership:  Individual     Partnership     Corporation     Limited Liability Co.     Limited Partnership

Owner must apply    Partners must apply    Officers and 25% or more shareholders must apply    Members owning 25% or more must apply (managing member)    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

Phone 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 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.

State of NC, County of \_\_\_\_\_

\_\_\_\_\_  
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



State of North Carolina
ALCOHOLIC BEVERAGE CONTROL COMMISSION

4307 MAIL SERVICE CENTER
RALEIGH, NC 27699-4307

(919) 779-0700
FAX (919) 662-3583

CORPORATION

LIST OF OFFICERS AND STOCKHOLDERS:

Table with 3 columns: NAME, TITLE, % OF STOCK OWNED. Includes three blank rows for data entry.

SIGNED: \_\_\_\_\_

LIMITED LIABILITY COMPANY

LIST OF MEMBERS AND PERCENTAGE OF MEMBER'S INTEREST:

Table with 2 columns: NAME, % OF MEMBER'S INTEREST. Includes three blank rows for data entry.

SIGNED: \_\_\_\_\_

STATE OF NORTH CAROLINA, COUNTY OF \_\_\_\_\_

I CERTIFY THAT \_\_\_\_\_ PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE DUE EXECUTION OF THE FOREGOING DOCUMENT. WITNESS MY HAND AND OFFICIAL SEAL, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC MY COMMISSION EXPIRES: \_\_\_\_\_



**State of North Carolina**  
**ALCOHOLIC BEVERAGE CONTROL COMMISSION**

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**FEDERAL EMPLOYER IDENTIFICATION/SOCIAL SECURITY NUMBER  
VERIFICATION FORM**

**Sole Proprietor:** \_\_\_\_\_  
(please print complete name)

**SSN** \_\_\_\_\_  
Social Security Number

**Corporation Name:** \_\_\_\_\_

**Limited Liability Company Name:** \_\_\_\_\_

**FEIN** \_\_\_\_\_  
Federal Employer Identification Number

**Trade Name:** \_\_\_\_\_

**Address of Business:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**NORTH CAROLINA  
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

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abc.nc.gov

**INSPECTION/ZONING COMPLIANCE**

**IMPORTANT: The Applicant will complete SECTION A, below. SECTION B through SECTION E, below, are to be completed by the appropriate Inspection/Zoning Official. To request inspections and zoning certifications, please contact the city or county building and fire inspection and zoning departments for your area. Failure to submit this form in a timely manner to these local authorities may result in delays in processing of an ABC permit application. This form must be completed by the building, fire and zoning officials before a permit will be issued**

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**SECTION A - APPLICANT TO COMPLETE**

Name of Applicant \_\_\_\_\_  
Trade Name of Business \_\_\_\_\_  
Address of Business \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_  
Type of Establishment \_\_\_\_\_ Permit(s) Applying For \_\_\_\_\_

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**SECTION B - BUILDING INSPECTOR TO COMPLETE**

**Building Code:**

**Building is in -**             Compliance             Non-compliance\*             Not Applicable

Building Inspector's Name (printed) and Signature \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Date of Inspection \_\_\_\_\_

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**SECTION C - FIRE INSPECTOR TO COMPLETE**

**Fire Code:**

**Building is in -**             Compliance             Non-compliance\*             Not Applicable

Fire Inspector's Name (printed) and Signature \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Date of Inspection \_\_\_\_\_

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**SECTION D - ZONING OFFICIAL TO COMPLETE**

**Zoning:**

**Business is in -**             Compliance             Non-compliance\*             Not Applicable

Is business located in an Urban Redevelopment Area (Article 22 of Chapter 160A)             Yes             No

If "Yes", has establishment been given notice that it is in an Urban Redevelopment Area and must comply with the requirements of N.C.G.S. 18B-309             Yes             No

Zoning Classification \_\_\_\_\_  
Permitted uses in this zone \_\_\_\_\_  
Zoning Official's Name (printed) and Signature \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Date of Inspection \_\_\_\_\_

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*\*Please state reasons for "Noncompliance" in SECTION E on back of this page.*



# AUTHORITY FOR RELEASE OF INFORMATION

Home/Business Telephone Number \_\_\_\_\_

I authorize the North Carolina Department of Justice through the STATE BUREAU OF INVESTIGATION, Special Operations Division, to perform a fingerprint search of the State's criminal history record file and a fingerprint search of the FEDERAL BUREAU OF INVESTIGATION'S files for a national criminal history record check in connection with my application for license with the ABC COMMISSION/ALCOHOL LAW ENFORCEMENT DIVISION pursuant to NCGS 18b-902 (HB 1638).

(Type or Print clearly)

| Last Name | First | Middle | Maiden |
|-----------|-------|--------|--------|
| _____     | _____ | _____  | _____  |

| Social Security Number<br>(Optional*) | Date of Birth | Sex   | Race  |
|---------------------------------------|---------------|-------|-------|
| _____                                 | _____         | _____ | _____ |

I understand that the North Carolina State Bureau of Investigation, Special Operations Division, and its officials and employees shall not be held legally accountable in any way for providing this information to the Alcohol Law Enforcement Division and the ABC Commission, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the Alcohol Law Enforcement Division and ABC Commission cannot provide a **hard copy** of the results of this criminal history record check to me.

\*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

Applicant's/Employee's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

This form must be maintained on file with the above named agency for one year. Do not mail this form or a copy of this form to the State Bureau of Investigation.



## CREDIT CARD AUTHORIZATION FORM

### CARDHOLDER INFORMATION

Credit Card Type:      Visa                      MasterCard              Discover

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Month: \_\_\_\_\_ Exp. Year: \_\_\_\_\_

CVC: \_\_\_\_\_

By signing this document, I authorize The North Carolina Alcoholic Beverage Control Commission to charge my credit card for the specified amount.

Name: \_\_\_\_\_

Amount charged (\$): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_