

**NORTH CAROLINA  
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

Location: 400 EAST TRYON ROAD  
RALEIGH NC 27610  
(919)779-0700

AMOUNT FEE PAID: \_\_\_\_\_  
DATE: \_\_\_\_\_  
RECEIVED BY: \_\_\_\_\_

MAIL TO ADDRESS ON BACK OF FORM

APPROVED .....   
REJECTED .....   
BY: \_\_\_\_\_  
DATE: \_\_\_\_\_

**MANAGER CHANGE APPLICATION**  
(Corporation/LLC)

(Do Not Write Above This Line)

A certified check, cashier's check or money order in the amount of \$10.00 must be submitted with this application.

PLEASE PRINT

County: \_\_\_\_\_ Date: \_\_\_\_\_  
(in which event takes place)

Corporate Name \_\_\_\_\_

LLC Name \_\_\_\_\_

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

Location Address of Business \_\_\_\_\_  
Street Address City State Zip Code

Mailing Address of Business \_\_\_\_\_  
Street Address/PO Box City State Zip Code

Individual's Full Name (no abbreviations) \_\_\_\_\_  
First Middle Last

Date of Birth \_\_\_\_\_ Last 4 of Social Security # \_\_\_\_\_

Resident Address: \_\_\_\_\_  
Street/Route City State Zip Code

Home Telephone #: ( ) \_\_\_\_\_ Business Telephone #: ( ) \_\_\_\_\_

*Pleas check the type(s) of ABC permit(s) and include the permit number for each held by the above location.*

- |   |  |
|---|--|
| <input type="checkbox"/> Malt Beverage _____    | <input type="checkbox"/> Brownbagging _____      |
| <input type="checkbox"/> Fortified Wine _____   | <input type="checkbox"/> Special Occasions _____ |
| <input type="checkbox"/> Unfortified Wine _____ | <input type="checkbox"/> Mixed Beverage _____    |
| <input type="checkbox"/> Other _____            |  |

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

**I certify under oath or affirmation that I am a resident of the State of North Carolina, or an applicant that has executed a power of attorney in accordance with GS 18B-900(a)(2)(b); that I am not less than 21 years of age; that I have not been convicted of a felony within the past three years, and if convicted of a felony before then, I have had my citizenship restored; that I have not been convicted of an alcoholic beverage or misdemeanor controlled substance offence within the past two years; and that I have not had any alcoholic beverage permit revoked within the past three years.**

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary or other person qualified by law to administer oaths  
Note: Must be stamped or sealed by notary.

**FOR OFFICIAL USE ONLY**

Do not write below this line

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**INVESTIGATIVE REPORT**

1. Have you reviewed the application to determine that it is complete and correct?

Yes       No

2. Does the applicant have any criminal record of disqualifying nature?

Yes    No

If Yes, please explain:

\_\_\_\_\_

3. Are there any reasons that this individual should not be approved as manager of this location?

Yes       No

If Yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Agent's Signature

Date

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**MAIL THIS APPLICATION TO:**

If sending by U.S. Postal Service  
(regular mail):

**NC ABC COMMISSION  
4307 MAIL SERVICE CENTER  
RALEIGH NC 27699-4307**

If sending by U.S. Postal Service  
EXPRESS MAIL or by FEDEX/UPS:

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