NORTH CAROLINA ALCOHOLIC CONTROL COMMISSION OWNERSHIP VERIFICATION FORM

Corporation/LLC Name:
Гrade Name:
.ocation Address:
Permit Number or File Number (if applicable):

Complete the applicable section below based on your applying entity type.

CORPORATION

List below the current top four corporate officers (Pres., VP, Sec., Tres.) and any person or entity that owns stock in the corporation. Note: Only one officer or stockholder needs to print, sign, and notarize his/her signature below.

Name	Officer Title	% of Stock Owned

LIMITED LIABILITY COMPANY

List below each member and their membership interest in the LLC. These may be individuals and/or other entities. Note: Only one interest holding member needs to print, sign, and notarize his/her signature below.

Name		% of Membership Interest	
Printed Name:	Signature of Applicant:		
State of	, County of	I certify that	
		owledged the due execution of the foregoing	
document. Witness my	hand and seal, this day o	of, 20	
		_ My Commission Expires:	
	alified by law to administer oaths		
		(NOTE: MUST BE STAMPED OR SEALED BY NOTARY)	