

## **ABC RETAIL 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 Retail 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)
  - Diagrams must include all entrances/exits, bar area(s), kitchen, office, and patio (if applicable)
- **INSPECTION/ZONING COMPLIANCE FORM** (cannot be accepted if inspections are over 180 days)
  - All sections completed and signed by appropriate officials
- **LOCAL GOVERNMENT OPINION FORM** (cannot be accepted if the designated official's signature is over 180 days)
  - Completed and signed by designated official on file
  - Official's signature must be notarized
- **RECYCLE FORM**
  - ONLY required if applying for permits for ON PREMISE consumption
- **ALCOHOL SELLER/SERVER TRAINING**
  - Certificate of completion of training
- **PHOTOS**
  - Front exterior of the premises
  - Interior of the premises
- **FEIN – SSN VERIFICATION FORM**
  - Complete and sign

## **ABC RETAIL 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 FREE**
  - 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 (RESTAURANTS AND HOTELS AND PRIVATE CLUBS) ARE LISTED UNDER IN THE INSTRUCTIONS OF THE RETAIL 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 RETAIL 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 or by completing the credit card authorization form.
3. Include a black and white copy of each applicant's valid photo ID.
4. Include one fingerprint card for each person required to submit an application for the business' permit(s). The fingerprint card must be completed (signed and filled out). The \$38.00 processing fee for each fingerprint card 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 an 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 completed copy of the Inspection / Zoning Compliance form signed by the appropriate officials.
8. Include a completed copy of the Local Government Opinion form signed by the appropriate official. Information on the designated official may be found on our website, using the search function in "Local Government Opinion".
9. Include a copy of the training certificate available upon completion of the online training available at [www.abc.nc.gov/Training](http://www.abc.nc.gov/Training) or have the instructor of an in-person training complete the Proof of Alcohol Seller / Server Training form.
10. On-premise applicants include a completed copy of the appropriate Recycling form.
11. Include a detailed diagram of the premises (standard size, not over-sized and it may be hand drawn). Diagrams must include all entrances/exits, bar area(s), kitchen, office, and patio (if applicable).
12. Photographs – Include photos of the exterior front of the building with entrance and the interior of the business.
13. Corporations and LLCs must complete an Ownership Verification form.
14. Corporations must include a copy of the Articles of Incorporation (registered with the NC Secretary of State with Active status).
15. LLCs must include copies of the Articles of Organization (registered with the NC Secretary of State with Active status) and a copy of the Operating Agreement.

### **RESTAURANTS and HOTELS:** *(When applying for an on premise fortified wine, mixed beverage or brown-bagging permit, include)*

1. A copy of the food menu (standard size, not over-sized).
2. A price list of the common or popular mixed beverages.
3. Additional photographs showing:
  - a. All dining areas, including patios and outdoor areas.
  - b. The bars, counters and mixing stations.
  - c. The storage area(s) for alcoholic beverages.
  - d. The entire kitchen with all equipment.

### **PRIVATE CLUBS:**

1. A copy of the membership card or certificate.
2. A copy of the membership application form.
3. A copy of the written policy granting full and limited memberships.
4. A copy of the written policy on use of the facilities by members and their guests.
5. A copy of the charter, constitution, and by-laws if any are applicable.
6. A copy of the organization's 501(c)(3) tax exempt letter from the Internal Revenue Service.

***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 a valid identification, in addition to providing the other required documents. The lease/deed and other documents must be in the individual owners name.

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

**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 a valid identification, in addition to providing 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 must submit a completed application, fingerprint card, Authority for Release form and provide a copy of a valid identification, in addition to providing 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 a 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 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 providing 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; then 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.

## **PERMIT REGISTRATION AND RENEWAL:**

All Malt Beverage, Unfortified Wine and Fortified Wine permits, both on and off premises, must be registered each year by May 1<sup>st</sup>. The notices, including information about payment(s) due, are usually sent by mail to permit holders during the month of February.

All Mixed Beverage, Brown-bagging, Special Occasion, Brew on Premises, Wine Shipper Packager, Wine Shop, Winemaking on Premises, Wine Tasting and Malt Beverage Tasting permits expire on April 30<sup>th</sup> each year and must be renewed. The renewal notices, including information about payment(s) due, are usually sent by mail to permit holders during the month of February.

**Permittees are responsible for the registration and renewal of permits each year. Failure to receive a notice is not justification for being allowed to retain the permit beyond the due date. Permits not renewed will be cancelled. After cancellation, should permits be desired, a new application must be submitted, and the full fee paid. Application, registration and renewal fees are not prorated.**

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

# NORTH CAROLINA ALCOHOLIC BEVERAGE CONTROL COMMISSION

## APPLICATION FOR ABC RETAIL PERMIT

<b>TEMP. PERMIT #:</b> _____	<b>FEES PAID</b>	<b>APPLICATION #:</b> _____
Malt Beverage <input type="checkbox"/> ON <input type="checkbox"/> OFF	_____	Approved <input type="checkbox"/>
Unfortified Wine <input type="checkbox"/> ON <input type="checkbox"/> OFF	_____	Rejected <input type="checkbox"/>
Fortified Wine <input type="checkbox"/> ON <input type="checkbox"/> OFF	_____	
Mixed Beverage    _____	_____ <i>Fingerprints</i>	
Other    _____		
Date Issued: _____	Date: _____	By: _____
Expiration Date: _____	Received By: _____	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"/> Unfortified Wine On Premise (\$400)  | <input type="checkbox"/> Fortified Wine On Premise (\$400)  |
| <input type="checkbox"/> Malt Beverage (Beer) Off Premise (\$400) | <input type="checkbox"/> Unfortified Wine Off Premise (\$400) | <input type="checkbox"/> Fortified Wine Off Premise (\$400) |
| <input type="checkbox"/> Malt Beverage Tasting (\$100)            | <input type="checkbox"/> Wine Tasting (\$100)                 | <input type="checkbox"/> Wine Shop (\$100)                  |
| <input type="checkbox"/> Malt Beverage 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 (\$1000)   | <input type="checkbox"/> Mixed Beverages Nonprofit Organization (\$1000) | <input type="checkbox"/> Mixed Beverages Tourism Resort (\$1000)            |
| <input type="checkbox"/> Mixed Beverages Hotel (\$1000)        | <input type="checkbox"/> Mixed Beverages Political Organization (\$1000) | <input type="checkbox"/> Mixed Beverages Tourism ABC Establishment (\$1000) |
| <input type="checkbox"/> Mixed Beverages Private Bar (\$1000)  | <input type="checkbox"/> Mixed Beverages Convention Center (\$1000)      | <input type="checkbox"/> Mixed Beverages Residential Private Club (\$1000)  |
| <input type="checkbox"/> Mixed Beverages Private Club (\$1000) | <input type="checkbox"/> Mixed Beverages Community Theater (\$1000)      |   |
| <input type="checkbox"/> Mixed Beverages Sports Club (\$1000)  | <input type="checkbox"/> Mixed Beverages Guest Room Cabinet (\$1000)     |   |
| <input type="checkbox"/> Mixed Beverages Distillery (\$1000)   | <input type="checkbox"/> Mixed Beverages Tour Boat (\$1000)              |   |
| <input type="checkbox"/> Mixed Beverages Catering (\$200)      |  |   |
- 
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Brown-bagging Restaurant (\$200) (Small) 36-49 seating capacity      | <input type="checkbox"/> Brown-bagging Private Club (\$400)          | <input type="checkbox"/> Culinary (\$200)               |
| <input type="checkbox"/> Brown-bagging Restaurant (\$400) (Large) 50 or more seating capacity | <input type="checkbox"/> Brown-bagging Community Theater (\$400)     | <input type="checkbox"/> Brew On Premise (\$400)        |
| <input type="checkbox"/> Bring Your Own Beverage (\$50) (Adult Entertainment Business Only)   | <input type="checkbox"/> Brown-bagging Veterans Organization (\$400) | <input type="checkbox"/> Wine Making On Premise (\$400) |
|   | <input type="checkbox"/> Special Occasion (\$400)                    | <input type="checkbox"/> Mobile Bar Services (\$500)    |
|   | <input type="checkbox"/> Cotenant (\$50)                             |   |

**BUSINESS INFORMATION**

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

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

Business/Company 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     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**

4307 MAIL SERVICE CENTER  
RALEIGH, NC 27699-4307

(919) 779-0700  
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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.*



**NORTH CAROLINA  
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

4307 Mail Service Center  
Raleigh, NC 27699-4307  
(919)779-0700 FAX: (919)662-3583

**LOCAL GOVERNMENT OPINION  
for ALCOHOLIC BEVERAGE PERMITS**

APPLICANT SHOULD COMPLETE THIS SECTION ONLY

Applicant's Name \_\_\_\_\_  
Corporate or LLC Name *(if applicable)* \_\_\_\_\_  
Trade Name of Business \_\_\_\_\_  
Former Trade Name *(if any)* \_\_\_\_\_  
Business Address \_\_\_\_\_  
City/State \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
NC Driver's License # \_\_\_\_\_  
Last 4 of Social Security # \_\_\_\_\_

**TYPE OF ABC PERMIT(S) BEING APPLIED FOR:**

\_\_\_\_\_ On Premise  
Indicate Type *(if any)*

\_\_\_\_\_ Off Premise  
Indicate Type *(if any)*

**REMAINDER OF FORM FOR OFFICIAL USE ONLY**

Date Form 001 Mailed or Delivered \_\_\_\_\_  
Designated Official's Name \_\_\_\_\_  
Title \_\_\_\_\_  
City/County \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Telephone # \_\_\_\_\_

**NOTICE:** The Alcoholic Beverage Control Commission shall give notice of a permit application to the Governing body of a city or county prior to issuing a retail ABC permit. Designated Officials are expected to process this form within 15 days of receipt. The applicant will be required to provide proof of mandatory compliance with all applicable building and fire codes. The Inspection/Zoning Compliance form (Form 002) is for this purpose and will be completed by the appropriate local agencies.

**FACTORS IN ISSUING A PERMIT:** Pursuant to N.C.G.S. 18B-901(c), before issuing a permit, the ABC Commission shall be satisfied the applicant is a suitable person and that the location is a suitable place.



**§ 18B-901. Issuance of permits.**

(a) Who Issues. – All ABC permits shall be issued by the Commission. Purchase-transportation permits shall be issued by local boards or distilleries under G.S. 18B-403.

(b) Notice to Local Government. – Before issuing a retail ABC permit, other than a:

- (1) Special occasion permit under G.S. 18B-1001(8);
- (2) Limited special occasion permit under G.S. 18B-1001(9);
- (3) Temporary permit under G.S. 18B-905; or
- (4) Special one-time permit under G.S. 18B-1002

for an establishment, the Commission shall give notice of the permit application to the governing body of the city in which the establishment is located. If the establishment is not inside a city, the Commission shall give notice to the governing body of the county. The Commission shall allow the local governing body 15 days from the time the notice was mailed or delivered to file written objection to the issuance of the permit. To be considered by the Commission, the objection shall state the facts upon which it is based.

(c) Factors in Issuing Permit. – Before issuing a permit, the Commission shall be satisfied that the applicant is a suitable person to hold an ABC permit and that the location is a suitable place to hold the permit for which the applicant has applied. To be a suitable place, the local governing body shall return a Zoning and Compliance Form to the Commission on a form provided by the Commission to show the establishment is in compliance with all applicable building and fire codes and, if applicable, has been notified that it is located in an Urban Redevelopment Area as defined by Article 22 of Chapter 160A of the General Statutes and as required by G.S. 18B-904(e)(2). Other factors the Commission shall consider in determining whether the applicant and the business location are suitable are all of the following:

- (1) The reputation, character, and criminal record of the applicant.
- (2) through (5) Repealed by Session Laws 2019-49, s. 3, effective June 26, 2019.
- (6) Zoning laws, the number of places already holding ABC permits within the neighborhood, parking facilities and traffic conditions in the neighborhood, types of businesses already in the neighborhood, and whether the establishment is located within 50 feet of a church, public school, or any nonpublic school as defined in Part 1 or Part 2 of Article 39 of Chapter 115C of the General Statutes.
- (7) The recommendations of the local governing body.
- (8) Any other evidence that would tend to show whether the applicant would comply with the ABC laws.
- (9) Whether the operation of the applicant's business at that location would be detrimental to the neighborhood, including evidence admissible under G.S. 150B-29(a) of any of the following:
  - a. Past revocations, suspensions, and violations of ABC laws by prior permittees related to or associated with the applicant, or a business with which the applicant is associated, within the immediate preceding 12-month period at this location.
  - b. Evidence of illegal drug activity on or about the licensed premises.
  - c. Evidence of fighting, disorderly conduct, and other dangerous activities on or about the licensed premises.

(d) Commission's Authority. – The Commission shall have the sole power, in its discretion, to determine the suitability and qualifications of an applicant for a permit. The Commission shall also have the authority to determine the suitability of the location to which the permit may be issued. (1945, c. 903, s. 1; 1947, c. 1098, ss. 2, 3; 1949, c. 974, s. 1; 1957, cc. 1048, 1448; 1963, c. 426, ss. 10, 12; c. 460, s. 1; 1971, c. 872, s. 1; 1973, c. 476, s. 128; 1975, c. G.S. 18B-901

586, s. 1; c. 654, ss. 1, 2; c. 722, s. 1; 1977, c. 70, s. 19; c. 182, s. 1; c. 669, ss. 1, 2; c. 676, ss. 1, 2; c. 911; 1979, c. 348, ss. 2, 3; c. 683, ss. 5, 6, 11, 12; 1981, c. 412, s. 2; 1993 (Reg. Sess., 1994), c. 749, ss. 1, 2; 2005-392, ss. 2, 3; 2019-49, s. 3; 2019-182, s. 5(b).)

# 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 (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.

NORTH CAROLINA ALCOHOLIC BEVERAGE CONTROL COMMISSION  
4307 Mail Service Center  
Raleigh, NC 27699-4307  
(919) 779-0700 FAX: (919) 662-3583

**RECYCLING COMPLIANCE FORM  
(Private Hauler or Government Pick Up)**

North Carolina General Statute 18B-902 requires applicants for on-premises malt beverage permits, on-premises unfortified wine permits, on-premises fortified wine permits or mixed beverages permits to prepare and submit with the application packet a plan for the collection and recycling of all recyclable beverage containers for all beverages sold for consumption on the licensed premises. This form is to be completed by a business when a private hauler or a city/county (government) will pick up the required containers for recycling.

For information on recycling services available in your area, go to [abc.nc.gov](http://abc.nc.gov), click on "Mandatory container recycling effective Jan. 2008" and then "Click here for detailed guidelines". You may obtain an Exemption Request Form at [abc.nc.gov](http://abc.nc.gov) or by calling 919-779-0700.

Name of Applicant: \_\_\_\_\_

Trade name of business: \_\_\_\_\_

Address of business: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County \_\_\_\_\_

Recycling service provider: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Materials collected: \_\_\_\_\_

**ATTACH A COPY OF YOUR CONTRACT FOR RECYCLING SERVICE**

I certify that the information herewith provided is true and accurate to the best of my knowledge and realize that the reporting of false information can result in a violation of NCGS 18B-902(c)

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

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

NORTH CAROLINA ALCOHOLIC BEVERAGE CONTROL COMMISSION

4307 Mail Service Center

Raleigh, NC 27699-4307

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

**RECYCLING COMPLIANCE FORM**

**(Self Hauling)**

North Carolina General Statute 18B-902 requires applicants for on-premises malt beverage permits, on-premises unfortified wine permits, on-premises fortified wine permits or mixed beverages permits to prepare and submit with the application packet a plan for the collection and recycling of all recyclable beverage containers for all beverages sold for consumption on the licensed premises.

This form is to be completed by a business that plans to separate recyclable beverage containers as required by NCGS 18B-1006.1 and the business itself transport those containers to a facility for recycling. (Do not use this form if recycle pickup will be by the city, county or other service provider.)

For information on recycling services available in your area, go to [abc.nc.gov](http://abc.nc.gov), click on "Mandatory container recycling effective Jan. 2008" and then "Click here for detailed guidelines". You may obtain an Exemption Request Form at [abc.nc.gov](http://abc.nc.gov) or by calling 919-779-0700.

Name of Applicant: \_\_\_\_\_

Trade name of business: \_\_\_\_\_

Address of business: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Permit number: \_\_\_\_\_

Facility where recyclable materials will be taken : \_\_\_\_\_

Address of facility: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

I certify under oath or affirmation that the information herewith provided is true and accurate to the best of my knowledge. That pursuant to NCGS 18B-1006.1, recyclable beverage containers will be separated and collected at the business named on this form and that those containers will be taken to a facility that recycles the material.

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

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_\_\_

\_\_\_\_\_ Day Month Year

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

\_\_\_\_\_  
Notary or other person qualified to administer oaths

**Note: Must be stamped or sealed by notary**

**NORTH CAROLINA  
ALCOHOLIC BEVERAGE CONTROL COMMISSION  
4307 MAIL SERVICE CENTER  
RALEIGH NC 27699-4307  
(919) 779-0700 FAX: (919) 662-3583**

**PROOF OF ALCOHOL  
SELLER/SERVER TRAINING**

IMPORTANT: The Applicant will complete SECTION A, below. *SECTION B, below is to be completed by the training provider.* **NOTE: If you provide other proof of training (i.e., certificate of training, transcript or other documentation), attach it to this form.** Failure to provide Proof of Alcohol Seller/Server training will prevent you from obtaining a TEMPORARY ABC permit.

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**SECTION A - APPLICANT TO COMPLETE**

**Name of Applicant** \_\_\_\_\_

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

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

**City** \_\_\_\_\_ **County** \_\_\_\_\_ **State** \_\_\_\_\_

**Phone Number (\_\_\_\_)** \_\_\_\_\_

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**SECTION B – TRAINING PROVIDER TO COMPLETE**

I certify that the above named applicant has completed an Alcohol Seller/Server training class. Basic information covered in the class included: acceptable forms of identification in North Carolina, preventing underage sales, signs of intoxicated patrons, preventing sales to intoxicated patrons, dram shop liability and hours of sale.

**Name of Instructor (print)** \_\_\_\_\_

**Company/Agency of Course Provider** \_\_\_\_\_

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

**City** \_\_\_\_\_ **County** \_\_\_\_\_ **State** \_\_\_\_\_

**Phone Number (\_\_\_\_)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date of Training:** \_\_\_\_\_



## 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: \_\_\_\_\_