

**NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

400 East Tryon Road

Raleigh, NC 27610

www.abc.nc.gov

(919)779-0700

Fee Paid: _____
Date _____
Rec'd: _____
Rec'd By: _____
Temp #: _____

APPROVED
REJECTED
BY: _____
DATE: _____

**APPLICATION FOR SPECIAL ONE-TIME PERMIT
FOR THE TRANSFER OF SPIRITUOUS LIQUOR**

Application Instructions:

1. Complete this application in its entirety. Please print clearly.
2. Application must be **notarized**.
3. The fee for the Special One-Time permit is **\$50.00**. The fee can be submitted by 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 abbreviated as NC ABC*).
PERSONAL CHECKS ARE NOT ACCEPTED AND THE APPLICATION WILL BE RETURNED.

I hereby make application to the North Carolina Alcoholic Beverage Control Commission for a Special One-Time permit allowing the sale, transportation, or possession of alcoholic beverages because of the following circumstances:

Please check applicable boxes. Required documents for each circumstance are in **BOLD.**

I have acquired ownership or possession of alcoholic beverages through a special occurrence such as bankruptcy, inheritance, foreclosure, or judicial sale and I do not currently possess a permit for the sale of alcoholic beverages.

- **Official documentation explaining the details of how you came into possession of alcoholic beverages, such as a court order in a bankruptcy case, etc.**
- **Inventory in detail of alcoholic beverages by quantity and brand.**

 I am a collector of wine and/or decorative decanters of spirituous liquor needing authorization to bring into the state, transport or possess as a collector, a greater amount of alcoholic beverages than is otherwise authorized, or to sell the collection of wine and/or decorative decanters in a manner to be authorized by the Commission.

- **Give specific details on a separate sheet of paper explaining where you are traveling from and the destination; (home address)**
- **Detailed inventory of products, by quantity and brand.**

 I, as permittee, am going out of business and desire to sell my remaining stock to another permittee.

- **An inventory report containing those mixed beverage bottles you desire to sell. State the name, trade name, and address of permittee who will purchase the alcoholic beverages.**
- **Complete Seller/Buyer information below.**

Seller(s) Name: _____

Buyer(s) Name: _____

Trade Name: _____

Trade Name: _____

Address: _____
Street

Address: _____
Street

City State Zip Code

City State Zip Code

COMPLETE THIS SECTION FOR ALL CIRCUMSTANCES:

Beginning Date and Time: _____ Ending Date and Time: _____
Month Day Year AM (circle one) PM Month Day Year AM (circle one) PM

PERSONAL INFORMATION OF APPLICANT:

Applicant's Name: _____
First (no abbreviations) Middle Last

Date of Birth

Applicant's Home Address City State Zip Code

Applicant's Mailing Address, if different City State Zip Code

() () ()
Home Telephone # Business Telephone # FAX #

Email: _____
(please print clearly)

I CERTIFY UNDER OATH OR AFFIRMATION THAT:

- I am not less than 21 years of age.
- I have not been convicted of a misdemeanor controlled substance offense or 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.
- I have not had an alcoholic beverage permit revoked within the past three (3) years.
- All of the information supplied by me in this application is complete and accurate.

Signature of Applicant

Sworn to and subscribed before me this the _____
Day Month Year

My commission expires: _____
Notary or other person qualified by law to administer oaths

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

MAIL THIS APPLICATION TO:

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

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

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



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: _____