

**NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

AMOUNT FEE PAID: _____
DATE: _____
RECEIVED BY: _____
TEMP #: _____

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

APPROVED
REJECTED
BY: _____
DATE: _____

(Do Not Write Above This Line)

VENDOR REPRESENTATIVE PERMIT APPLICATION

A certified check, cashier's check, or money order, made payable to the North Carolina
Alcoholic Beverage Control Commission in the amount of \$50.00 must be submitted with this application.

County: _____
(North Carolina Vendors only. County in which wholesaler is located)

Vendor Name _____
Company (winery, brewery, importer or nonresident vendor) that you represent

Location Address of Vendor _____
Street/Route City State Zip Code

Mailing Address of Vendor _____
Street/Route/PO Box City State Zip Code

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

Applicant's Resident Address _____
Street/Route City State Zip Code

Business Address, if different than above _____
Street/Route City State Zip Code

Date of Birth _____ Email Address _____

Home Telephone # () _____ Business Telephone # () _____

Do you hold any financial interest in, or do you receive, any profits or salary from any retail malt beverage or wine outlet in North Carolina? Yes No If yes, explain on reverse side.

I certify under oath or affirmation 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 offense within the past two years, and that I have not had any alcoholic beverage permit revoked within the past three years.

Signature of Applicant Date

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

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

Note: Must be stamped or sealed by notary

MAIL THIS APPLICATION TO:

If sending by US Postal Service
(regular mail):
**NC ABC COMMISSION
4307 MAIL SERVICE CENTER
RALEIGH NC 27699-4307**

If sending by US Postal Service EXPRESS MAIL
or by FEDEX / UPS:
**NC ABC COMMISSION
400 EAST TRYON ROAD
RALEIGH NC 27610**