

Date issued: _____



STATE OF NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION
400 EAST TRYON ROAD
RALEIGH, NC 27610
Phone: 919-779-0700 FAX: 919-661-5927
www.abc.nc.gov

**APPLICATION FOR BROKERAGE PERMIT
FOR SPIRITUOUS LIQUOR**

Application Requirements:

- A. **Complete** this form entirely (please write legibly or type) and signature must be **NOTARIZED**.
- B. Include a recent **photo**.
- C. Include a **Certified Criminal Record Check** (obtained from the Clerk of Court in the county where you reside) or a certified copy of a court record(s) from the last jurisdiction where you have maintained a residence for one year or more. If there is no record, please have the Clerk of Court in the jurisdiction so certify.
- D. Include a copy of your **Articles** of Incorporation or **Articles** of Organization as listed with the NC Secretary of State.

Form must be completed fully

1. **Name of the BROKERAGE:** _____
 Date formed: _____
 Division (if applicable) _____
2. **Territory responsible for:** _____
3. **Name of owner (printed):** _____
 First Middle Last Suffix
4. **Business address:** _____
 Street City State Zip Code
5. **Mailing address:** _____
 (or Remit To address) Street or PO Box City State Zip Code
6. **Email address(es):** _____
7. **Phone #:** _____ **Driver's License #:** _____
8. **Social Sec. # (last 4):** _____ **Date of Birth:** _____

