



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

**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:** \_\_\_\_\_

9. Are you (or your spouse) related to any state or local ABC Board Member or the employees thereof?     YES     NO    If yes, name, relationship and address: \_\_\_\_\_
- a. \_\_\_\_\_
- b. \_\_\_\_\_
10. Do you now or have you (or your spouse) previously held any type of permit(s) issued by the NC Alcohol Beverage Control Commission? If so, for EACH permit indicate the date and name of the business licensed, and, if applicable, the reason the permit is no longer held.
- a. \_\_\_\_\_
- b. \_\_\_\_\_
11. Have you ever been convicted of violating any criminal law?     Yes     No    If yes, give the reason for the conviction: \_\_\_\_\_
- \_\_\_\_\_
12. Supplier(s) you plan to represent: \_\_\_\_\_
- \_\_\_\_\_

**Attach a Certified Criminal Record Check OR a Certified Copy of Court Record(s)** from the last jurisdiction where you maintained residence for one year or more. If there is no record, please have the clerk in the jurisdiction so certify.

**By signing this request for a Brokerage Permit, you fully understand that, if issued, this Permit can, at the discretion of the Commission, be revoked, suspended or annulled at any time.**

State of \_\_\_\_\_ 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)*

**FORWARD THIS APPLICATION AND REQUIRED DOCUMENTS TO:**

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

Brokerage Permit Application 11/2021