



Approved: _____
 Disapproved: _____
 Date: _____

Variety Pack Approval Form

Complete the form with the information for each product included in the variety pack. An image of the package must also be submitted. Each product must have prior approval before it can be included in the variety pack.

Company Name: _____

Permit Number: _____

Name of Variety Pack: _____

Total Number of Products in the Variety Pack: _____ Container Type: _____

Product 1: _____ ABV%: _____ Net Content: _____ Product Number: _____ Quantity: _____

Product 2: _____ ABV%: _____ Net Content: _____ Product Number: _____ Quantity: _____

Product 3: _____ ABV%: _____ Net Content: _____ Product Number: _____ Quantity: _____

Product 4: _____ ABV%: _____ Net Content: _____ Product Number: _____ Quantity: _____

Product 5: _____ ABV%: _____ Net Content: _____ Product Number: _____ Quantity: _____

Product 6: _____ ABV%: _____ Net Content: _____ Product Number: _____ Quantity: _____

Product 7: _____ ABV%: _____ Net Content: _____ Product Number: _____ Quantity: _____

Product 8: _____ ABV%: _____ Net Content: _____ Product Number: _____ Quantity: _____

Please email form to product@abc.nc.gov. Mailed forms cannot be processed and will be returned.

Attach additional pages, if necessary.