## NORTH CAROLINA ALCOHOLIC BEVERAGE CONTROL COMMISSION

FEE PAID:	ALCOHOLIC	Location: 400 E		PERMIT #:	
DATE:		Raleigh, N	•	Approved:	Rejected:
RECEIVED BY:		www.ab		Ву:	
	<del></del>	919-77	_	Date:	
	APPLICATION FO	OR LIMITED S	SPECIAL OCCAS	SION PERMIT	
A. Complete the appl	ication in its entirety. Ple	ase print clearly.			
B. Application must b					
				ed by certified check, cashi	
(Visa, MasterCard		to the <b>NCABC Co</b>	mmission (may be ai	<i>bbreviated as NC ABC)</i> or b	ly credit card
• •	S ARE NOT ACCEPTED AN	D THE APPLICATION	ON WILL BE RETURNE	D.	
D. Submit a copy of the	ne <b>lease/rental agreeme</b> i	<b>nt</b> (must be in app	licant's name).		
	<b>copy</b> of the applicant's Cr	riminal Record. It o	an be obtained from	the Clerk of Court in the cou	inty where the
applicant resides.  F. The completed app	olication must be submitt	ad at least fourte	on (11) days prior to t	ha schadulad ayant	
r. The completed app	oncation must be submitt	eu at least loui tei	en (14) days prior to t	ne scheduled event.	
PLEASE CHECK ONE:  Individua	the property. (Please prin	et clearly)  Partnership  Limited Liability	c	the premises of a business forporation	with the
Individual's Full Name:					
	First		Viiddle	Last	<del></del>
Date of Birth:		Last 4 of S	ocial Security #:		
If representing a corpor	ation, give corporate n	ame:			
Residential Address:			0.1		
Mailina Adduses (If diffe	Street address		City	State	Zip Code
Mailing Address (If diffe	Street address	-	City	State	Zip Code
Contact Information:					
	Daytime Phone #	Mobile Phone #	Fax #	Email Address	***
Name of location where	e event is to be held:				
Address of event location	on:				
	Street address		City	State	Zip Code

\*\*\* THE PERMIT WILL BE EMAILED TO THE EMAIL ADDRESS LISTED ABOVE,
UNLESS THE APPLICANT REQUESTS IT BE MAILED

Time Event Begins

Date Event Begins

AM / PM

**Date Event Ends** 

AM / PM

Time Event Ends

**Date and Time of Special Event:** 

NOTE: A Limited Special Occasion permit allows the host of a function to furnish liquor and fortified wine to invited guests, free of charge. Guests are not permitted to bring their own liquor. There can be no charge or fee to attend the function. Any money collected for the event or during the event constitutes an illegal sale of alcohol and violators will be subject to criminal prosecution. If any violence occurs, you must contact local law enforcement.

I have read the above & agree:		Type of Event:	
	Signature of Applicant		

## I certify under oath or affirmation that:

- I am not the owner or possessor of the event premises applied for.
- I am not less than the age of 21.
- 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.
- I have the written permission of the owner of the property to serve alcoholic beverages.
- The information on this application is correct to the best of my knowledge.
- I understand that failure to abide by the ABC laws may result in the immediate revocation of my privilege to possess or serve alcohol.

	Signature of Applicant	
State of	North Carolina, County of	
certify that	personally appeared before me this day and	acknowledge the
due execution of the foregoing document. Witness my ha	nd and official seal, this day of	, 20
	My Commission expires:	
Notary Public Signature (or other person auglified by law to administer oaths)	(NOTE: MUST BE STAMPED O	R SEALED BY NOTARY)

## PLEASE MAKE A COPY OF APPLICATION AND OTHER DOCUMENTS PRIOR TO SUBMITTING THEM TO THE COMMISSION

## FORWARD THIS APPLICATION, FEE(S) AND REQUIRED DOCUMENTS TO:

If sending USPS, Express Mail, FedEx or UPS:

As an alternative for US Postal Service (regular delivery):

NC ABC COMMISSION 400 EAST TRYON ROAD RALEIGH, NC 27610

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