NORTH CAROLINA ALCOHOLIC BEVERAGE CONTROL COMMISSION

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

| DATE | | | | OVED CTED | |
|---|---|---|---|--|----------------|
| DATE: | MAIL TO ADI | DRESS ON BACK OF FORM | BY: | | |
| , pp | ` | Write Above This Line) | | | |
| APPLI | CATION FOR LI | MITED SPECIAL O | CCASION . | PERMIT | |
| _ | application by printing in in | k. | | | |
| B. Application n | | | | NC AD | C |
| | • | k, cashier's check or money ord ent or complete "Lease Informa | | | |
| | • | Criminal Record. Can be obta | | | |
| | plicant resides. | Cimmai Record. Can be obta | inica nom the Cic | ak of Court in | the county |
| | | ted at least 14 days prior to the | e event occurance | 2. | |
| | | | | | |
| | | permit which authorizes me to | | | ortified |
| oremises of a business with the | | rty, or other special occasion. T | ne event will be | neid on the | |
| oreninges of a business with a | to permission of the owner o | in the property. | | | |
| Check One: | Partner | rshin \Box | Corporation | | |
| Limited Par | | d Liability Company | Corporation | | |
| | Епистонир Епипсос | * Encounty Company | | | |
| County: | | Date: | | | |
| (in w | rhich event takes place) | | | | |
| ndividual's Full Name: | | | | | |
| | First (no abbreviation | , | | La | |
| Date of Birth: | | Social Securit | y # | _ (last four di | gits only) |
| f range entine composition of | ive comparation name. | | | | |
| f representing corporation, g | ive corporation name. | | | | |
| Frade Name of Location when | re event held: | | | | |
| rade I tallie of Eocation who | | | | | |
| | | | | | |
| ocation of event: | | | | | 7: 0 1 |
| ocation of event: | Street/Ro | oute | City | State | Zip Code |
| - | Street/Re | oute | City | State | Zip Code |
| pecial Event: | Street/Ro Date Time Event | | City | | ime Event Ends |
| Special Event: | Date Time Event | Begins | Date | Ti | |
| Special Event: Note: A Li | Date Time Event | Begins rmit allows the host of a func | Date | Ti | |
| Special Event: Note: A Li and fortific | Date Time Event imited Special Occasion per ed wine to invited guests, for | Begins rmit allows the host of a functoree of charge. Guests are not | Date tion to furnish li permitted to bri | Ti quor ng their | |
| Special Event: Note: A Li and fortific own liquor | Date Time Event Imited Special Occasion per ed wine to invited guests, fi r. There can be no charge t | Begins rmit allows the host of a func | Date ction to furnish li permitted to bri oney collected co | quor ng their onstitutes | |
| Ppecial Event: Note: A Li and fortific own liquor an illegal s | Date Time Event Imited Special Occasion per ed wine to invited guests, fi r. There can be no charge t | Begins rmit allows the host of a function are not of attend the function. Any means will be subject to criminal parts. | Date ction to furnish li permitted to bri oney collected co | quor ng their onstitutes | |
| Note: A Li and fortific own liquor an illegal s occurs, you | Date Time Event imited Special Occasion per ed wine to invited guests, for. There can be no charge to sale of alcohol, and violator u must contact local law en | Begins rmit allows the host of a function are not of attend the function. Any means will be subject to criminal parts. | Date ction to furnish li permitted to bri oney collected co prosecution. If a | quor ng their onstitutes nny violence | ime Event Ends |

IF PERMIT IS TO BE MAILED BY COMMISSION, GIVE NAME AND MAILING ADDRESS:
NAME:
MAILING ADDRESS:

APPLICANT INFORMATION

| esident Address: | | | | | | |
|---|---|---|--|----------------------------|------------|---|
| | Street/Route | City | | State | Zip Code | |
| ome Telephone #: | () | Busines | ss Telephone #: _ | () | | |
| aytime Telephone #: | () | Fax #: () | | email address | | |
| CERTIFY UND | DER OATH OR A | AFFIRMATION TH | | | | |
| - I am not | the owner or possess | or of the premises applied | | | | |
| | t less than 21 years of | age. a misdemeanor controlled | Leubetoneo offene | a ar alaahalia hay | vorogo | |
| | within the past two ye | | i substance offens | e of alcoholic bev | crage | |
| | | a felony within the past th | ree years, and if | convicted of a felo | ony before | |
| | have had my citizensh not had an alcoholic b | ip restorea. everage permit revoked w | rithin the past thre | e years. | | |
| - I have the | he written permission | of the owner of the prope | erty to serve alcoh | olic beverages. | | |
| | * * | cation is correct to the be bide by the ABC laws may | • | • | of my | |
| | e to possess or serve a | | , 100010 111 0110 11111 | | . 01 111) | |
| | | | | | | |
| | Sign | | | | | |
| | Sign | ature of Applicant | | | | |
| vorn to and subscribed | | ature of Applicant | | | | |
| vorn to and subscribed | | | | | | |
| orn to and subscribed | | Day | Month | | Year | |
| | before me this the | Day | Month | | Year | |
| | before me this the | Day | | | Year | |
| y commission expire | before me this thees: | Day Signatur Lease Informatio | Month re of notary or other pers | | Year |] |
| y commission expire | before me this thees: | Day Signatu. | Month re of notary or other pers | on qualified by law to add | Year | |
| y commission expired As owner/ | before me this the es: lessee of the premises | Day Signatur Lease Informatio | Month re of notary or other pers | on qualified by law to add | Year | |
| y commission expired As owner/ receiving a | before me this the es: lessee of the premises | Day Signatu. Lease Informations, I have no objection to: _ | Month re of notary or other pers | on qualified by law to add | Year | |
| y commission expired As owner/ | es: lessee of the premises a Limited Special Occ | Day Signature Lease Information Solution, I have no objection to: Exasion Permit for use on sa | Month re of notary or other pers | on qualified by law to adv | Year | |
| As owner/receiving a | before me this the es: lessee of the premises | Day Signatu. Lease Informations, I have no objection to: _ | Month re of notary or other pers | on qualified by law to add | Year | |
| As owner/receiving a | es: lessee of the premises a Limited Special Occ | Day Signature Lease Information Solution, I have no objection to: Exasion Permit for use on sa | Month re of notary or other pers on aid premises on the | on qualified by law to adv | Year | |
| receiving a | es: lessee of the premises a Limited Special Occ | Day Signature Lease Information Solution, I have no objection to: Leasion Permit for use on same and the | Month re of notary or other pers on aid premises on the | on qualified by law to add | Year | |

MAIL THIS APPLICATION TO:

If sending by U.S. Postal Service (regular mail):

If sending by U.S. Postal Service EXPRESS MAIL or by FEDEX/UPS:

NC ABC COMMISSION 4307 MAIL SERVICE CENTER RALEIGH NC 27699-4307 NC ABC COMMISSION 400 EAST TRYON ROAD RALEIGH NC 27610