NORTH CAROLINA ALCOHOLIC BEVERAGE CONTROL COMMISSION

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

		Ç	,		
MOUNT FEE PAID: DATE: RECEIVED BY: TEMP. #:				APPROVED	
				REJECTED	
		MAIL TO ADDRESS O	N BACK OF FORM	BY:	
				DATE:	
		(Do Not Write Abo	ove This Line)		
		SPECIAL ONE-TIME PI	ERMIT APPLICATION	N	
Application					
	_	lete the application by typewriter or print in ink.			
		ant's signature must be notarized.			
	_	al One-Time fee is \$50.00.	1 1 1		
D.		ee must be submitted by certified check, cashier's chec payable to the North Carolina Alcoholic Beverage Co			
	made	payable to the North Carolina Alcoholic Beverage Co	nuoi Commission.		
•		cation to the North Carolina Alcoholic Beverage Controlssession of alcoholic beverages because of the follows	-	One-Time permit allowing th	ne sale,
Please check	applic	able boxes. Required documents for each circumsto	ance are in BOLD.		
		I have acquired ownership or possession of alcoholic		<u> </u>	y,
		inheritance, foreclosure, or judicial sale and I do not beverages.	currently possess a permit for	the sale of alcoholic	
		- Official documentation explaining the details of	f how you came into possessi	on of alcoholic beverages,	
		such as a court order in a bankruptcy case, etc.	•	G ,	
		- Inventory in detail of alcoholic beverages by qu	antity and brand.		
		I am a collector of wine and/or decorative decanters of	of spirituous liquor needing au	thorization to bring into the	
		state, transport or possess as a collector, a greater amount of alcoholic beverages than is otherwise authorized, or			
		to sell those decanters in a manner to be authorized b		,	
		- Give specific details on a separate sheet of pape	r explaining where you are t	raveling from and the	
		destination; (home address)	r explaining where you are t	ravening from and the	
		- Detailed inventory of products, by quantity and	l brand.		
			permittee, am going out of business and desire to sell my remaining stock to another permittee.		
		- An inventory report containing those mixed beverage bottles you desire to sell. State the name, trade			
		name, and address of permittee who will purchase the alcoholic beverages.			
		- Complete Seller/Buyer information below.	the diconone severages.		
		Seller(s) Name:	Buyer(s) Name:		
		Trade Name:	Trade Name:		
		Address:	Address:	Street	
		Street		Street	

Zip Code

City

State

City

State

Zip Code

COMPLETE THIS SECTION FOR ALL CIRCUMSTANCES: Beginning **Ending** Date and Time: Date and Time: Month Day Year AM (circle one) PM Month Day Year AM (circle one) PM PERSONAL INFORMATION OF APPLICANT: Applicant's Name: First (no abbreviations) Middle Date of Birth Applicant's Home Address State Zip Code Applicant's Mailing Address, if different City State Zip Code Email: (please print clearly) I CERTIFY UNDER OATH OR AFFIRMATION THAT: - I am not less than 21 years of age. - I have not been convicted of a misdemeanor controlled substance offense or alcoholic beverage offense within the past two years. - I have not been convicted of a felony within the past three 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 years. - All of the information supplied by me in this application is complete and accurate. Signature of Applicant Sworn to and subscribed before me this the Day Month My commission expires: Notary or other person qualified by law to administer oaths If sending by U.S. Postal Service If sending by U.S. Postal Service MAIL THIS APPLICATION TO: EXPRESS MAIL or by FEDEX/UPS: (regular mail):

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