

APPLICANT INFORMATION

Resident Address: _____
Street/Route City State Zip Code

Home Telephone #: () _____ Business Telephone #: () _____

Daytime Telephone #: () _____ Fax #: () _____ email address _____

I CERTIFY UNDER OATH OR AFFIRMATION THAT:

- I am not the owner or possessor of the premises applied for.
- 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.
- 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.
- 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 sell/serve alcohol.

Signature of Applicant

Sworn to and subscribed before me this the

_____ Day Month Year

My commission expires:

Notary or other person qualified by law to administer oaths

Lease Information			
As owner/lessee of the premises, I have no objection to: _____			
			LSO Applicant
receiving a Limited Special Occasion Permit for use on said premises on the			
date of _____			
Day		Month	Year
_____			Telephone #
Owner/Lessee			
() _____	_____		Date
Business Telephone #			

MAIL THIS APPLICATION TO:

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

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

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

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