

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.
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- 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
	_____	_____
	Owner/Lessee	Telephone #
() _____		_____
Business Telephone #		Date

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**