

**NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

AMOUNT FEE PAID: _____
DATE: _____
RECEIVED BY: _____
TEMP #: _____

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

APPROVED
REJECTED
BY: _____
DATE: _____

(Do Not Write Above This Line)

WHOLESALE SALESMAN'S APPLICATION

A certified check, cashier's check, or money order, made payable to the North Carolina Alcoholic Beverage Control Commission in the amount of \$100.00 must be submitted with this application. Applicant must also submit a black and white copy of their valid drivers license in order for the application to be processed.

County: _____ Date: _____
(in which wholesaler is located)

Applicant's Complete Name _____
(Please write legibly) First (no abbreviations) Middle Last

Wholesaler _____

Location Address of Wholesaler _____
Street/Route City State Zip Code

Mailing Address of Wholesaler _____
Street/Route/PO Box City State Zip Code

Applicant's Resident Address _____
Street/Route City State Zip Code

Date of Birth _____ Last 4 of Social Security # _____

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

If you are transferring from one branch location to another with the same wholesaler, please indicate the address from which you are transferring: _____

Do you hold any financial interest in, or do you receive, any profits or salary from any retail malt beverage or wine outlet in North Carolina? Yes No If yes, explain on reverse side.

I certify under oath or affirmation that I am a resident of the State of North Carolina, or an applicant that has executed a power of attorney in accordance with G.S. 18B-900(a)(2)(b); that I am not less than 21 years of age; that 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; that I have not been convicted of an alcoholic beverage or misdemeanor controlled substance offense within the past two years; and that I have not had any alcoholic beverage permit revoked within the past three years.

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
Note: Must be stamped or sealed by notary

MAIL THIS APPLICATION TO:

If sending by US Postal Service (regular mail):
**NC ABC COMMISSION
4307 MAIL SERVICE CENTER
RALEIGH NC 27699-4307**

If sending by US Postal Service EXPRESS MAIL or by FEDEX / UPS:
**NC ABC COMMISSION
400 EAST TRYON ROAD
RALEIGH NC 27610**