NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION

Permit # _____

Date Issued: _____

Location: 400 E. Tryon Road
Raleigh, NC 27610
919-779-0700

MAIL OR FAX TO ADDRESS LISTED BELOW

(Do not write above this line)

APPLICATION FOR COMMERCIAL TRANSPORTATION PERMIT

- ☐ Beer/Wine Transportation Permit
- ☐ Spirituous Liquor Transportation Permit
- ☐ Both

Name of Motor Carrier: _____

Physical Address: _____
Street/Route City State Zip Code

Mailing Address: _____
Street/Route City State Zip Code

Business Phone #: _____ Fax #: _____

Contact Person: _____

Application is hereby made for a fleet alcoholic beverages transportation permit to be issued to the above named carrier. I understand that a copy of the original fleet permit must be certified by affixing the carrier's corporate seal and placed in each power unit hauling alcoholic beverages into or through North Carolina. NOTE: A Surety Bond must accompany this application if applying for a Spirituous Liquor Transportation Permit.

FAX TO: 919-662-3583

MAIL TO: NC Alcoholic Beverage Control Commission
4307 Mail Service Center
Raleigh, NC 27699-4307