

**NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

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

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

MAIL TO ADDRESS ON BACK OF FORM

APPROVED
REJECTED
BY: _____
DATE: _____

MANAGER CHANGE APPLICATION
(Corporation/LLC)

(Do Not Write Above This Line)

A certified check, cashier's check or money order in the amount of \$10.00 must be submitted with this application.

PLEASE PRINT

County: _____ Date: _____
(in which event takes place)

Corporate Name _____

LLC Name _____

Trade Name of Business _____

Location Address of Business _____
Street Address City State Zip Code

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

Individual's Full Name (*no abbreviations*) _____
First Middle Last

Date of Birth _____ Last 4 of Social Security # _____

Resident Address: _____
Street/Route City State Zip Code

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

Pleas check the type(s) of ABC permit(s) and include the permit number for each held by the above location.

- | | |
|---|--|
| <input type="checkbox"/> Malt Beverage _____ | <input type="checkbox"/> Brownbagging _____ |
| <input type="checkbox"/> Fortified Wine _____ | <input type="checkbox"/> Special Occasions _____ |
| <input type="checkbox"/> Unfortified Wine _____ | <input type="checkbox"/> Mixed Beverage _____ |
| <input type="checkbox"/> Other _____ | |

It is a Crime to make a false statement to obtain an ABC permit.

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 GS 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 offence 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 of _____, 20_____

My commission expires: _____

Notary or other person qualified by law to administer oaths
Note: Must be stamped or sealed by notary.

FOR OFFICIAL USE ONLY

Do not write below this line

INVESTIGATIVE REPORT

1. Have you reviewed the application with the applicant to determine that it is complete and correct?

Yes No

2. Does the applicant have any criminal record of disqualifying nature? Yes No

If Yes, please explain: _____

3. Are there any reasons that this individual should not be approved as manager of this location?

Yes No

If Yes, please explain: _____

Agent's Signature

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 E. TRYON ROAD
RALEIGH NC 27610**