

**NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

**Location: 400 E. TRYON ROAD
Raleigh NC 27610
(919)779-0700**

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

APPLICATION: _____

MAIL TO ADDRESS AT BOTTOM OF PAGE
APPLICATION FOR DUPLICATE PERMITS

(Do Not Write Above This Line)

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

PLEASE PRINT

Reason for Duplicate (Check appropriate box) Lost or Damaged Trade Name Change Corporate Name Change
 Permittee Name Change (Including marriage/divorce) LLC Name Change (Submit new Articles)

Business Phone# _____ () _____

Type of Ownership (Check One) Individual Partnership Corporation
 Limited Partnership Limited Liability Company

County in which Business is Located _____

Current or New Trade Name of Business _____

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

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

If incorporated, Corporate Name _____

If LLC, LLC Name _____

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

Former Trade Name _____
(If application is for trade name change)

Former Corporate Name _____
(If application is for corporate name change)

Former LLC Name _____
(If application is for LLC name change)

Permit(s) Currently Held _____

Signature _____ Date _____

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 E. TRYON ROAD
RALEIGH NC 27610**