

**NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

4307 Mail Service Center
Raleigh, NC 27699-4307

Approved
 Rejected
 By _____
 Date _____
 Expires _____

Wine Special Order

I hereby make application to the North Carolina Alcoholic Beverage Control Commission for a Wine Special Order Permit as the following:

NC Resident **Retail Permittee**

All applicants complete the following:

Individual's Full Name:	_____		
	(Please print) First (no abbreviations)	Middle	Last
Resident Address:	_____		
	Street	City	State Zip Code
Daytime Telephone #:	() _____	Fax #:	() _____

To be completed by the NC wholesaler/importer:

Name of Importer/ Wholesaler:	_____		
Address:	_____		
NC Permit #:	_____	Phone #:	() _____
Manager:	_____		_____
	Printed name	Signature	

To be completed by the retail permittee:

Name of Retail Permittee:	_____		
Address:	_____		
NC Permit #:	_____	Phone #:	() _____
Manager:	_____		_____
	Printed Name	Signature	

List the products that will be purchased:

Brand Name and Type	# Bottles	Size

Continued

