

**STATE OF NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

Mailing Address: 4307 Mail Service Center
Raleigh, North Carolina 27699-4307
Phone: 919-779-0700 FAX: 919-661-5927

APPLICATION FOR SUPPLIER PERMIT FOR SPIRITUOUS LIQUOR

Please Provide the Following Information:

Firm Name _____

Address: _____
(Name) (Street Address, City, State , Zip Code) (Phone Number)

Nature of Business _____
(Distiller, Importer)

Location of Plant(s) _____

Where will shipments originate? _____

Federal Basic Permit Numbers and Types **(This is required.)** _____

North Carolina Supplier Broker Representative _____
(Name) (Street Address, City, State , Zip Code) (Phone Number)

Do you have a Certificate of Authority from the N.C. Secretary of States Office? Y _____ N _____ In Progress _____

Are any of your employees related in any way to any Commission/ABC Board Member or Employee? _____

Firm Name _____

By _____
(To be signed by an Executive Officer) Date

Print Name: _____

Title: _____

