

PLEASE
ATTACH
A RECENT
PHOTO

Permit No. _____

Date Issued: _____

**North Carolina
Alcoholic Beverage Control Commission**

Mailing Address: 4307 Mail Service Center, Raleigh, NC 27699-4307

Location: 400 East Tryon Road, Raleigh, NC 27610

Phone: (919) 779-0700 Fax: (919) 661-5927

Application for Supplier Representative Permit for Spirituous Liquor

- Application Requirements:**
- A.** Include a recent photo
 - B.** Include a Certified Criminal Record Check or a certified copy of a court record(s) from the last jurisdiction where you have maintained residence for one year or more. If there is no record, please have the clerk of the court in the jurisdiction so certify.
 - C.** This form **MUST** be Notarized (*second page*)

1. Name of the Supplier you represent: _____
Date of employment: _____
2. Territory responsible for: _____
3. Name (PRINT): _____
4. Mailing Address: _____
5. E-mail address (Required): _____
6. Phone No: () _____ Driver's License No: _____
7. Social Security No.– LAST FOUR (4) DIGITS. _____ Date of birth: _____
8. Address of last place of residence for period of one year or more:

9. Are you (or your spouse) related to any state or local ABC Board Member or the employees thereof?
___Yes ___No If yes, Name, relationship, and their address.
a. _____
b. _____
10. Do you now or have you (or your spouse) previously held any type of permit(s) issued by the North Carolina Alcoholic Beverage Control Commission? If so, for each permit indicate the date and name of the business licensed, and, if applicable, the reason the permit is no longer held.
a. _____
b. _____

11. **Have you ever been convicted of violating any criminal law?** ___Yes ___No If yes, give reason for conviction: _____

12. Attach a **Criminal Record Check** or a **certified copy of a court record(s)** from the last jurisdiction where you have maintained residence for one year or more. If there is no record, please have the clerk of the court in the jurisdiction so certify.

13. Application **MUST BE NOTARIZED.**

By signing this request for a Distiller Representative's Permit, you fully understand that, if issued, this permit can, at the discretion of the Commission, be revoked, suspended or annulled at any time.

Signature

Date

Sworn to and subscribed before me on this the _____ day of _____ 20_____

My commission expires: _____

Notary

Mail to:

ATTN: Cathy Horne
North Carolina ABC Commission
400 East Tryon Road
Raleigh NC 27610