

**NORTH CAROLINA  
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

AMOUNT FEE PAID: \_\_\_\_\_  
DATE: \_\_\_\_\_  
RECEIVED BY: \_\_\_\_\_  
TEMP #: \_\_\_\_\_

Location: **400 EAST TRYON ROAD  
RALEIGH, NC 27610  
(919)779-0700**

APPROVED .....   
REJECTED .....   
BY: \_\_\_\_\_  
DATE: \_\_\_\_\_

(Do Not Write Above This Line)

**WHOLESALE SALESMAN'S APPLICATION**

A certified check, cashier's check, or money order, made payable to the North Carolina Alcoholic Beverage Control Commission in the amount of \$100.00 must be submitted with this application. Applicant must also submit a black and white copy of their valid drivers license in order for the application to be processed.

County: \_\_\_\_\_ Date: \_\_\_\_\_  
(in which wholesaler is located)

Applicant's Complete Name \_\_\_\_\_  
(Please write legibly) First (no abbreviations) Middle Last

Wholesaler \_\_\_\_\_

Location Address of Wholesaler \_\_\_\_\_  
Street/Route City State Zip Code

Mailing Address of Wholesaler \_\_\_\_\_  
Street/Route/PO Box City State Zip Code

Applicant's Resident Address \_\_\_\_\_  
Street/Route City State Zip Code

Date of Birth \_\_\_\_\_ Last 4 of Social Security # \_\_\_\_\_

Home Telephone # ( ) \_\_\_\_\_ Business Telephone # ( ) \_\_\_\_\_

If you are transferring from one branch location to another with the same wholesaler, please indicate the address from which you are transferring: \_\_\_\_\_

Do you hold any financial interest in, or do you receive, any profits or salary from any retail malt beverage or wine outlet in North Carolina?  Yes  No If yes, explain on reverse side.

**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 G.S. 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 offense 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 Month Year

My commission expires: \_\_\_\_\_  
\_\_\_\_\_  
*Notary or other person qualified by law to administer oaths*  
**Note: Must be stamped or sealed by notary**

**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 EAST TRYON ROAD  
RALEIGH NC 27610**