APPLICATION FOR COMMERCIAL TRANSPORTATION PERMIT

☐ Beer/Wine Transportation Permit
☐ Spirituous Liquor Transportation Permit
☐ Both

Name of Motor Carrier: __________________________________________________________

Physical Address: ________________________________________________________________

Street/Route City State Zip Code

Mailing Address: ________________________________________________________________

Street/Route City State Zip Code

Business Phone #: ___________________________ Fax #: _____________________________

Contact Person: ________________________________

Application is hereby made for a fleet alcoholic beverages transportation permit to be issued to the above named carrier. I understand that a copy of the original fleet permit must be certified by affixing the carrier’s corporate seal and placed in each power unit hauling alcoholic beverages into or through North Carolina. NOTE: A Surety Bond must accompany this application if applying for a Spirituous Liquor Transportation Permit.

FAX TO: 919-662-3583

MAIL TO: NC Alcoholic Beverage Control Commission
4307 Mail Service Center
Raleigh, NC 27699-4307