

NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION

400 East Tryon Road

Raleigh, NC 27610

www.abc.nc.gov

919-779-0700

PERMIT #:

Approved: Rejected:

By: _____

Date: _____

FEE PAID: _____

DATE: _____

RECEIVED BY: _____

APPLICATION FOR LIMITED SPECIAL OCCASION PERMIT

Application Instructions:

1. Complete the application in its entirety. Please print clearly.
2. Application must be **notarized**.
3. The fee for the Limited Special Occasion permit is **\$50.00**. The fee can be submitted by certified check, cashier's check, money order or credit card (Visa, MasterCard, Discover). The certified check, cashier's check, and money order must be made payable to the **North Carolina ABC Commission** (*may be abbreviated as NC ABC*).
PERSONAL CHECKS ARE NOT ACCEPTED AND THE APPLICATION WILL BE RETURNED.
4. Submit a copy of the **lease/rental agreement** (must be in applicant's name).
5. Submit a **certified copy** of the applicant's Criminal Record. It can be obtained from the Clerk of Court in the county where the applicant resides.
6. The completed application must be submitted **at least fourteen (14)** days prior to the scheduled event.

I hereby make application for a Limited Special Occasion permit which authorizes me to possess and serve fortified wine and spirituous liquor to my guests at a reception, party, or other special occasion. The event will be held on the premises of a business with the permission of the owner of the property. (*Please print clearly*)

PLEASE CHECK ONE:

Individual Partnership Corporation

Limited Partnership Limited Liability Company

County (in which event takes place): _____

Individual's Full Name: _____
First Middle Last

Date of Birth: _____ Last 4 of Social Security #: _____

If representing a corporation, give corporate name: _____

Residential Address: _____
Street address City State Zip Code

Mailing Address (If different from residential): _____
Street address City State Zip Code

Contact Information: _____
Daytime Phone # Mobile Phone # Fax # Email Address***

Name of location where event is to be held: _____

Address of event location: _____
Street address City State Zip Code

Date and Time of Special Event: _____
Date Event Begins Time Event Begins Date Event Ends Time Event Ends

NOTE: THE PERMIT WILL BE EMAILED TO THE EMAIL ADDRESS LISTED ABOVE, UNLESS THE APPLICANT REQUESTS IT BE MAILED.

NOTE: A Limited Special Occasion permit allows the host of a function to furnish liquor and fortified wine to invited guests, free of charge. Guests are not permitted to bring their own liquor. There can be no charge or fee to attend the function. Any money collected for the event or during the event constitutes an illegal sale of alcohol and violators will be subject to criminal prosecution and may jeopardize your applications for future events. If any violence occurs, you must contact local law enforcement.

I have read the above & agree: _____ Type of Event: _____
Signature of Applicant

I certify under oath or affirmation that:

- I am not the owner or possessor of the event premises applied for.
- I am not less than 21 years of age.
- I have not been convicted of a misdemeanor controlled substance offense or alcoholic beverage offense within the past two (2) years.
- I have not been convicted of a felony within the past three (3) years, and if convicted of a felony before then, I have had my citizenship restored.
- I have not had an alcoholic beverage permit revoked within the past three (3) years.
- I have the written permission of the owner of the property to serve alcoholic beverages.
- All of the information supplied by me in this application is complete and accurate.
- I understand that failure to abide by the ABC laws may result in the immediate revocation of my privilege to possess or serve alcohol.

Signature of Applicant

State of North Carolina, County of _____

I certify that _____ personally appeared before me this day and acknowledge the due execution of the foregoing document. Witness my hand and official seal, this _____ day of _____, 20_____.

Notary Public Signature
(or other person qualified by law to administer oaths)

My Commission expires: _____

(NOTE: MUST BE STAMPED OR SEALED BY NOTARY)

PLEASE MAKE A COPY OF APPLICATION AND OTHER DOCUMENTS PRIOR TO SUBMITTING THEM TO THE COMMISSION.

FORWARD THIS APPLICATION, FEE(S) AND REQUIRED DOCUMENTS TO:

If sending USPS, Express Mail, FedEx or UPS:

**NC ABC COMMISSION
400 EAST TRYON ROAD
RALEIGH, NC 27610**

As an alternative for US Postal Service (regular delivery):

**NC ABC COMMISSION
4307 MAIL SERVICE CENTER
RALEIGH, NC 27699-4307**



CREDIT CARD AUTHORIZATION FORM

CARDHOLDER INFORMATION

Credit Card Type: Visa MasterCard Discover

Name on Card: _____

Card Number: _____

Exp. Month: _____ Exp. Year: _____

CVC: _____

By signing this document, I authorize The North Carolina Alcoholic Beverage Control Commission to charge my credit card for the specified amount.

Name: _____

Amount charged (\$): _____

Signature: _____

Date: _____