NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION
Location: 400 EAST TRYON ROAD
RALEIGH NC 27610
(919)779-0700

MAIL TO ADDRESS AT BOTTOM OF PAGE
APPLICATION FOR DUPLICATE PERMITS

(Do Not Write Above This Line)

A certified check, cashier's check or money order in the amount of $10.00, per location, wholesale salesman or vendor representative must be submitted with this application.

PLEASE PRINT

Reason for Duplicate Permit
☐ Lost or Damaged Permittee Name Change
☐ Trade Name Change
☐ Corporate Name Change
☐ Permittee Name Change (Including marriage/divorce)
☐ Trade Name Change
☐ LLC Name Change (Submit new Articles)

Business Phone# ( )

Type of Ownership (Check One)
☐ Individual
☐ Partnership
☐ Corporation
☐ Limited Partnership
☐ Limited Liability Company

County in which Business is Located

Current or New Trade Name of Business

Location Address of Business
Street/Route City State Zip Code

Mailing Address of Business
Street/Route/PO Box City State Zip Code

If incorporated, Corporate Name

If LLC, LLC Name

Individual's Full Name
First (no abbreviations) Middle Last

Former Trade Name
(If application is for trade name change)

Former Corporate Name
(If application is for corporate name change)

Former LLC Name
(If application is for LLC name change)

Permit(s) Currently Held

Signature _____________________________ Date ____________

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

Application for Duplicate Permits Rev 11/2010