

**NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

Fee Paid: _____
Date _____
Rec'd: _____
Rec'd By: _____
Temp #: _____

400 East Tryon Road
Raleigh, NC 27610
www.abc.nc.gov
919-779-0700

Application #: _____
Approved: Rejected:
By: _____
Date: _____

**APPLICATION FOR SPECIAL ONE-TIME PERMIT
FOR THE SALE OF ALCOHOLIC BEVERAGES**

Application Instructions:

1. Complete this application in its entirety. Please print clearly.
2. Application must be **notarized**.
3. The fee for the Special One-Time permit is **\$50.00** and must be submitted by certified check, cashier's check or money order and must be made payable to the **North Carolina ABC Commission** (*may be abbreviated as NC ABC*) or by credit card (Visa, MasterCard, Discover). **PERSONAL CHECKS ARE NOT ACCEPTED AND THE APPLICATION WILL BE RETURNED.**
4. The applicant must notify local law enforcement of the event taking place in their jurisdiction. A representative of the Local Law Enforcement agency must complete the appropriate section on this form before submitting to the Commission.
5. A Special One-Time permit is issued for one event and cannot be used for multiple events.
6. The completed application must be submitted at least fourteen (**14**) days prior to the scheduled event.

I hereby make application to the North Carolina Alcoholic Beverage Control Commission for a Special One-Time permit allowing the sale or service of alcoholic beverages at the event described below:

Please check the applicable boxes regarding your organization and event:

We are a: Nonprofit Organization Political Organization / Candidate Municipality

Requesting authorization to: Sell Serve Permit Brown-bagging
(Check all that apply)

At a ticketed event, the following: Malt Beverages Wine Spirituous Liquor
(Check all that apply)

The following documents are required in addition to the completed application:

1. Lease or rental agreement between the applicant organization and the owner of the premises.
2. Diagram of the actual premises showing all entrance, exits, bar areas and where consumption and/or sale will take place.
3. If a nonprofit organization, documentation to show the organization is exempt from taxation under the appropriate subsection of Section 501(c) of the Internal Revenue Code or is exempt under similar provisions of Chapter 105 of the North Carolina General Statutes.
4. Purpose of the fund raiser and recipient of funds raised.
5. Certified copy of the criminal record check of the applicant obtained from the Clerk of Court in the county where the applicant resides.
6. A political party, as defined in NC General Statute 163-96(a)(1) or a campaign organization which has properly filed and has had a person certified as a candidate.

Name Of Organization or Candidate: _____

How are you affiliated with the organization? _____

County where the event will take place: _____ City (if inside city limits): _____

Event location name: _____

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

Date(s) of event: _____ Estimated Attendance: _____

Event times: Begin Time: _____ AM / PM End Time: _____ AM / PM

Website and/or social media where event is promoted / advertised: _____

Name of Person who will be present at the Event (if not the applicant): _____

