

COMPLETE THIS SECTION FOR ALL CIRCUMSTANCES:

Beginning Date and Time: _____ Ending Date and Time: _____
Month Day Year AM (circle one) PM Month Day Year AM (circle one) PM

PERSONAL INFORMATION OF APPLICANT:

Applicant's Name: _____
First (no abbreviations) Middle Last

Date of Birth

Applicant's Home Address City State Zip Code

Applicant's Mailing Address, if different City State Zip Code

() () ()
Home Telephone # Business Telephone # FAX #

Email: _____
(please print clearly)

I CERTIFY UNDER OATH OR AFFIRMATION THAT:

- 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 years.
- 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.
- I have not had an alcoholic beverage permit revoked within the past three years.
- All of the information supplied by me in this application is complete and accurate.

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

If sending by U.S. Postal Service
(regular mail):

MAIL THIS APPLICATION TO:

If sending by U.S. Postal Service
EXPRESS MAIL or by FEDEX/UPS:

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

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