

ABC SPECIAL ONE TIME PERMIT CHECKLIST (FOR SALE OF ALCOHOLIC BEVERAGES)

The North Carolina ABC Commission is dedicated to providing excellent customer service to the citizens of our great State and understands the necessity of receiving ABC permit(s) in a timely manner. This checklist, designed specifically for the above referenced permit, will assist in navigating through the Special One Time Permit for Sale of Alcoholic Beverages Application process to ensure you have provided the necessary documentation for a complete packet. To facilitate this process, please submit the documents in the order listed, without any omission, as that will result in a delay of processing your application.

- **APPLICATION**
 - Must be completed in its entirety by a representative of the nonprofit organization
 - Must be signed and notarized
 - Notification to Law Enforcement Section must be completed
- **LEASE/RENTAL AGREEMENT**
 - Nonprofit or Political Organization, must be listed as the tenant (for municipalities, a letter acknowledging the event, date, time, and location is required)
 - Address of leased premises must be included
 - Dates and times for usage of leased premises must be included
 - Must be signed by all parties
- **DIAGRAM**
 - Detailed diagram of the leased premises showing all entrances, exits, bar areas, and where all alcohol consumption will be served/sold
- **TAX DETERMINATION DOCUMENT (for non-profit organizations only)**
 - Copy of the nonprofit organization's 501c tax determination letter from the IRS or Department of Revenue showing the organization is exempt from taxation, or
 - Documentation to show the organization is exempt under similar provisions of Chapter 105 of the North Carolina General Statutes
- **POLITICAL ORGANIZATION DOCUMENT (for political organizations only)**
 - Documentation to show the organization has filed a notice of candidacy, paid the filing fees or filed the required petition, and has been certified as a candidate
- **PURPOSE AND RECIPIENT OF FUNDS STATEMENT**
 - Written or typed statement explaining the purpose of the fundraiser and the recipient of any funds raised
- **CRIMINAL RECORD CHECK**
 - Certified copy of criminal record check obtained from the clerk of courts office in the county in which the individual representing the organization or candidate resides
- **CORRECT FEE FOR PERMIT**
 - Certified check, cashier's check or money order in the amount of \$50.00
 - Payable to NC ABC Commission
 - If paying by credit card, complete credit card form (Visa, MasterCard, Discover)

**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**. 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. 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 leased premises showing all entrances, exits, bar areas and where all alcohol consumption will be served/sold.
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): _____

PERSONAL INFORMATION OF INDIVIDUAL REPRESENTING THE ORGANIZATION (OR CANDIDATE):

Individual's Full Name: _____
First Middle Last

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

Residential Address: _____
Street address City State Zip Code

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

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

NOTIFICATION TO LOCAL LAW ENFORCEMENT:

Date: _____

_____	_____
<small>Name / Title of Officer (Printed)</small>	<small>Signature of Officer</small>
_____	_____
<small>Department of Officer</small>	<small>Telephone # Email Address</small>

Comments: _____

It is a crime to make a false statement to obtain an ABC Permit.

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 (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.
- All of the information supplied by me in this application is complete and accurate.
- I understand that ABC law prohibits any type of gambling activities or equipment upon the licensed premises (*without a Gaming permit issued by ALE*).
- I, or my agent, will personally supervise the sale of alcoholic beverages and abide by all ABC laws.
- I understand that failure to abide by the ABC laws may result in the immediate revocation of my privilege to sell/serve alcohol.

_____	_____
<small>Signature of Applicant</small>	<small>Date</small>
State of NC, County of _____	

Sworn to and subscribed before me this the _____
Day Month Year

My Commission Expires: _____
Date of Expiration

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

(NOTE: MUST BE STAMPED OR SEALED BY NOTARY)

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: _____