

**NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

Location: 400 EAST TRYON ROAD

RALEIGH NC 27610

(919)779-0700

MAIL TO ADDRESS ON BACK OF FORM

APPROVED
 REJECTED
 BY:
 DATE:

AMOUNT FEE PAID:
 DATE:
 RECEIVED BY:
 TEMP #:

APPLICATION FOR LIMITED SPECIAL OCCASION PERMIT

(Do Not Write Above This Line)

- A. Complete the application by printing in ink.
- B. Application must be notarized.
- C. Fee is \$50.00 submitted by certified check, cashier's check or money order made payable to the NC ABC.
- D. Submit a copy of the lease/rental agreement or complete "Lease Information Box" on the back of this form.
- E. Submit a **certified copy** of the applicant's Criminal Record. Can be obtained from the Clerk of Court in the county where the applicant resides.
- F. The completed application must be submitted at least 14 days prior to the event occurrence.

I hereby make application for a Limited Special Occasion permit which authorizes me to transport, 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.

Check One: Individual Partnership Corporation
 Limited Partnership Limited Liability Company

County: _____ (in which event takes place)
 Date: _____

Individual's Full Name: _____
 First (no abbreviations) _____ Middle _____ Last _____
 Date of Birth: _____ Social Security # _____ (last four digits only)

If representing corporation, give corporation name: _____

Trade Name of Location where event held: _____

Location of event: _____
 Street/Route _____ City _____ State _____ Zip Code _____

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

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 to attend the function. Any money collected constitutes an illegal sale of alcohol, and violators will be subject to criminal prosecution. If any violence occurs, you must contact local law enforcement.

I have read and agree. Signature: _____ Type of Event: _____

IF PERMIT IS TO BE MAILED BY COMMISSION, GIVE NAME AND MAILING ADDRESS:

NAME: _____
 MAILING ADDRESS: _____

NC ABC COMMISSION
400 EAST TRYON ROAD
RALEIGH NC 27610
If sending by U.S. Postal Service
EXPRESS MAIL or by FEDEX/UPS:

NC ABC COMMISSION
4307 MAIL SERVICE CENTER
RALEIGH NC 27699-4307
If sending by U.S. Postal
Service (regular mail):

MAIL THIS APPLICATION TO:

As owner/lessee of the premises, I have no objection to: _____ LSO Applicant receiving a Limited Special Occasion Permit for use on said premises on the _____ date of _____ Day _____ Month _____ Year (803)803.3900 Telephone # _____ Owner/Lessee Signature _____ Business Telephone # (803) 803-3900 Date _____

Signature of notary or other person qualified by law to administer oaths

My commission expires:

Day _____ Month _____ Year _____

Sworn to and subscribed before me this the _____

Signature of Applicant

- I am not the owner or possessor of the premises applied for.
- I am not less than 21 years of age.
- I have not been convicted of a misdemeanor or 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.
- I have the written permission of the owner of the property to serve alcoholic beverages.
- The information on this application is correct to the best of my knowledge.
- I understand that failure to abide by the ABC laws may result in the immediate revocation of my privilege to possess or serve alcohol.

I CERTIFY UNDER OATH OR AFFIRMATION THAT:

Resident Address: _____ Street/Route _____ City _____ State _____ Zip Code _____
Home Telephone #: () _____ Business Telephone #: () _____
Daytime Telephone #: () _____ Fax #: () _____ email address _____

APPLICANT INFORMATION