NORTH CAROLINA ALCOHOLIC BEVERAGE CONTROL COMMISSION

Location: 400 EAST TRYON ROAD RALEIGH NC 27610 (919)779-0700

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MOUNT FEE I	PAID:			APPROVED	
DATE:				REJECTED	
ECEIVED BY:		MAIL TO ADDRESS OF	N BACK OF FORM	BY:	
EMP. #:				DATE:	
		(Do Not Write Abo	ove This Line)		
		SPECIAL ONE-TIME PI	ERMIT APPLICATION	N	
Application					
	_	lete the application by typewriter or print in ink.			
		ant's signature must be notarized.			
	_	al One-Time fee is \$50.00.	1 1 1		
D.		ee must be submitted by certified check, cashier's chec payable to the North Carolina Alcoholic Beverage Co			
	made	payable to the North Carolina Alcoholic Beverage Co	nuoi Commission.		
•		cation to the North Carolina Alcoholic Beverage Controlssession of alcoholic beverages because of the follows	-	One-Time permit allowing th	ne sale,
Please check	applic	able boxes. Required documents for each circumsto	ance are in BOLD.		
		I have acquired ownership or possession of alcoholic			y,
		inheritance, foreclosure, or judicial sale and I do not beverages.	currently possess a permit for	the sale of alcoholic	
		- Official documentation explaining the details of	f how you came into possessi	on of alcoholic beverages,	
		such as a court order in a bankruptcy case, etc.	•	G ,	
		- Inventory in detail of alcoholic beverages by qu	antity and brand.		
		I am a collector of wine and/or decorative decanters of	of spirituous liquor needing au	thorization to bring into the	
		state, transport or possess as a collector, a greater am			or
		to sell those decanters in a manner to be authorized b		,	
		- Give specific details on a separate sheet of pape	r explaining where you are t	raveling from and the	
		destination; (home address)	r explaining where you are t	ravening from and the	
		- Detailed inventory of products, by quantity and	l brand.		
		I, as permittee, am going out of business and desire to			
		- An inventory report containing those mixed be	varaga hattles van desire to s	all State the name trade	
		name, and address of permittee who will purchase		en. State the name, trade	
		- Complete Seller/Buyer information below.	the diconone severages.		
		Seller(s) Name:	Buyer(s) Name:		
		Trade Name:	Trade Name:		
		Address:	Address:	Street	
		Street		Street	

Zip Code

City

State

City

State

Zip Code

nd Time: _							Ending _ Date and Tim	e.					
Mo	nth D	ay	Year	AM (circle one	e) PM	_ 200 000 100	Month	Day	Year	AM	(circle one)	PM
ONAL IN	FORM	ATI()N OF	APPL	ICANT	' <u>•</u>							
Applican			,,,,,,			•							
			Firs	t (no abbrev	viations)		Middle				Last		
	Date of	Birth											
	Applicar	nt's Hon	ne Address					City		S	tate		Zip Code
	Applican	t's Mail	ing Addres	s, if differer	nt			City		S	tate		Zip Code
()						()			()			
- I am n	ot less th	an 21	years o	of age.				se or alcoh	nolic bev	erage			
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NC ABC COMMISSION
4307 MAIL SERVICE CENTER
RALEIGH NC 27699-4307

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