NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION

Location: 400 EAST TRYON ROAD
RALEIGH NC 27610
(919)779-0700
abc.nc.gov

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

APPROVED ..... ☐
REJECTED ..... ☐
BY: _____
DATE: _____

(Do Not Write Above This Line)

SPECIAL ONE-TIME PERMIT APPLICATION FOR SALE OF ALCOHOLIC BEVERAGES

Application Instructions:

A. Complete this application in its entirety. (Please print.)
B. Applicant's signature must be notarized.
C. The fee for a Special One-Time permit is $50.00.
D. The fee must be submitted by certified check, cashier's check, or money order, and made payable to the North Carolina Alcoholic Beverage Control Commission.
E. The permittee shall notify local law enforcement and have the notification signed by law enforcement. (On back of form.)
F. The completed application must be submitted **14** days prior to event occurrence.

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 applicable box(es):

I (We) are a : ☐ Nonprofit or ☐ Political Organization, requesting authorization to ☐ Sell or ☐ Serve at a ticketed event the following:

☐ Malt beverages ☐ Spirituous Liquor
☐ Wine ☐ Permit brownbagging

The following documents are required:

1. Lease or rental agreement between nonprofit organization and owner of the premises.
2. Diagram of the actual premises showing all entrances, exits, bar areas, and where consumption and/or sale will take place.
3. Documentation to show that 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 fund-raiser and recipient of funds raised.
5. Certified copy of criminal record check must be submitted for individual applying for a special one-time permit.
6. A political party as defined in NC General Statute 163-96(a)(1) or (2) or a campaign organization which has properly filed and has had a person certified as a candidate . Statute 163-1.

NAME OF ORGANIZATION OR CANDIDATE: _____

LOCATION: Where event or transaction will take place

Name of Building: (if applicable) _____
Address: _____

COUNTY: _____ If event is being held inside the city limits, indicate city: _____
(In which event is to be held)

MAILING ADDRESS FOR PERMIT: _____

DATE(s) OF EVENT: _____ Estimated Attendance _____

TIME OF EVENT: Beginning _____ Ending _____

PERSONAL INFORMATION OF INDIVIDUAL REPRESENTING THE ORGANIZATION OR CANDIDATE:

First (no abbreviations) Middle Last

Date of Birth

Applicant's Home Address City State Zip Code

( ) ( ) ( )

Home Telephone # Business Telephone # FAX #

NOTIFICATION TO LOCAL LAW ENFORCEMENT:

To be completed by an officer of the Sheriff's Office, if event is held in the County, or completed by an officer of the Police Department, if event is held in the City.

Name of Officer Signature of Officer

Department of Officer ( ) Telephone #

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 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.
- I understand that ABC law prohibits any type of gambling activities or equipment upon my licensed premises (even if not for profit).
- 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.

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

MAIL THIS APPLICATION TO:

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

NC ABC COMMISSION
ATTN: PERMIT & PRODUCT COMPLIANCE
4307 MAIL SERVICE CENTER
RALEIGH, NC 27699-4307

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

NC ABC COMMISSION
ATTN: PERMIT & PRODUCT COMPLIANCE
400 EAST TRYON ROAD
RALEIGH, NC 27610