

**NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION
4307 MAIL SERVICE CENTER
RALEIGH NC 27699-4307
(919) 779-0700 FAX: (919) 662-3583**

**PROOF OF ALCOHOL
SELLER/SERVER TRAINING**

IMPORTANT: The Applicant will complete SECTION A, below. *SECTION B, below is to be completed by the training provider. **NOTE: If you provide other proof of training (i.e., certificate of training, transcript or other documentation), attach it to this form.*** Failure to provide Proof of Alcohol Seller/Server training will prevent you from obtaining a TEMPORARY ABC permit.

SECTION A - APPLICANT TO COMPLETE

Name of Applicant _____

Trade Name of Business _____

Address of Business _____

City _____ **County** _____

Phone Number _(____) _____

SECTION B – TRAINING PROVIDER TO COMPLETE

I certify that the above named applicant has completed an Alcohol Seller/Server training class. Basic information covered in the class included: acceptable forms of identification in North Carolina, preventing underage sales, signs of intoxicated patrons, preventing sales to intoxicated patrons, dram shop liability and hours of sale.

Name of Instructor _____

Company/Agency of Course Provider _____

Address of Business _____

City _____ **County** _____

Phone Number _(____) _____

Signature _____ **Date of Training:** _____