



Permit #: _____
Date issued: _____

**STATE OF NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION**
400 EAST TRYON ROAD
RALEIGH, NC 27610
Phone: 919-779-0700 FAX: 919-661-5927
www.abc.nc.gov

**APPLICATION FOR SUPPLIER REPRESENTATIVE PERMIT
FOR SPIRITUOUS LIQUOR**

Application Requirements:

- A. **Complete** this form entirely (please write legibly or type) and signature must be **NOTARIZED**.
- B. Include a recent **photo**.
- C. Include a **Certified Criminal Record Check** (obtained from the Clerk of Court in the county where you reside) or a certified copy of a court record(s) from the last jurisdiction where you have maintained a residence for one year or more. If there is no record, please have the Clerk of Court in the jurisdiction so certify.

Form must be completed fully

1. **Name of the SUPPLIER you represent:** _____
Corporate Name DBA (if different)

Date of employment: _____

2. **Territory responsible for:** _____

3. **Name (printed):** _____
First Middle Last Suffix

4. **Mailing address:** _____
(or Remit To address) Street or PO Box City State Zip Code

5. **Email address(es):** _____

6. **Phone #:** _____ **Driver's License #:** _____

7. **Social Sec. # (last 4):** _____ **Date of Birth:** _____

8. **Current Address:** _____
Street City State Zip Code

**If current address is less than one year,
address of last residence of one year or more** _____
Street City State Zip Code

9. Are you (or your spouse) related to any state or local ABC Board Member or the employees thereof? YES NO If yes, name, relationship and address: _____
- a. _____
- b. _____
10. Do you now or have you (or your spouse) previously held any type of permit(s) issued by the NC Alcohol Beverage Control Commission? If so, for EACH permit indicate the date and name of the business licensed, and, if applicable, the reason the permit is no longer held.
- a. _____
- b. _____
11. Have you ever been convicted of violating any criminal law? Yes No If yes, give the reason for the conviction: _____
- _____
12. **Attach a Criminal Record Check or a Certified Copy of Court Record(s)** from the last jurisdiction where you maintained residence for one year or more. If there is no record, please have the clerk in the jurisdiction so certify.

By signing this request for a Supplier Representative Permit, you fully understand that, if issued, this Permit can, at the discretion of the Commission, be revoked, suspended or annulled at any time.

State of _____ County of _____

Signature of Applicant

Date

Sworn to and subscribed before me this the _____ of _____
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)

FORWARD THIS APPLICATION AND REQUIRED DOCUMENTS TO:

**NC ABC COMMISSION
400 EAST TRYON ROAD
RALEIGH, NC 27610**

NC ABC COMMISSION
400 EAST TRYON ROAD, RALEIGH, NC 27610 (919) 779-0700
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