## NORTH CAROLINA ALCOHOLIC CONTROL COMMISSION OWNERSHIP VERIFICATION FORM

Corporation/LLC Name	e:		
Location Address:			
Permit Number or File	Number (if applicable):		
Complet	te the applicable section below	w based on yo	ur applying entity type.
CORPORATION			
	oration. Note: Only one officer		es.) and any person or entity that needs to print, sign, and notarize
Name	Officer Title	!	% of Stock Owned
LIMITED LIABILITY COI	MPANY		
	•		These may be individuals and/or other n, and notarize his/her signature
Name			% of Membership Interest
Printed Name:	Signat	ure of Applica	nt:
State of	, County of	I (	ertify that
personally appeared		knowledged t	he due execution of the foregoing
			nmission Expires:
Notary or other person	nualified by law to administer oa	the	

(NOTE: MUST BE STAMPED OR SEALED BY NOTARY)