

NORTH CAROLINA ALCOHOLIC BEVERAGE CONTROL COMMISSION

4307 Mail Service Center  
Raleigh, NC 27699-4307  
(919) 779-0700 FAX: (919) 662-3583  
EXEMPTION REQUEST FORM

Any business affected by NCGS 18B-1006.1 may apply for a one year exemption. Exemptions are granted based on the lack of availability of recycling services close to the business. Partial exemptions may be granted. The Commission will grant exemptions on a case by case basis.

Permittee name: \_\_\_\_\_

Trade name of business: \_\_\_\_\_

Address of business: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Permit number: \_\_\_\_\_

Efforts taken to implement recycling program \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of recycling not available in your area \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach any supporting documents.

I certify that the information herewith provided is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

NCABC USE ONLY

Exemption denied \_\_\_\_\_

Exemption granted until \_\_\_\_\_