

**NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

400 East Tryon Road
Raleigh, NC 27610

www.abc.nc.gov

ABC REQUEST FORM

Reason for Request:

Cancel Permit(s)

Update Mailing Address/Contact Information

Update Diagram

Permit Number _____

Business Name (Inc/LLC) _____ Trade Name _____

Location Address _____
Street City State Zip Code

Current Mailing Address _____
Street City State Zip Code

To Cancel Permit(s):

Permit Type You Wish to Cancel _____

Reason for the Request _____

Updated Mailing Address/Contact Information:

New Mailing Address, if applicable _____

New Phone Number, if applicable _____

Updated Diagram (please attach a copy of the updated diagram and photos of the additional space).

Describe changes made to the premises _____

Note: If additional space was constructed on the premises, a new Inspection/Zoning Compliance form must be submitted.

Printed Name _____ Title _____

Signature _____ Date _____

Please email to permits@abc.nc.gov.