NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION

AMOUNT FEE PAID: _____
DATE: _____
RECEIVED BY: _____
TEMP #: _____

Location: **400 EAST TRYON ROAD**
RALEIGH, NC 27610
(919)779-0700

APPROVED . . . . ☐
REJECTED . . . . ☐
BY: _____
DATE: _____

(Do Not Write Above This Line)

VENDOR REPRESENTATIVE PERMIT APPLICATION

A certified check, cashier's check, or money order, made payable to the North Carolina

Alcoholic Beverage Control Commission in the amount of $50.00 must be submitted with this application.

County: _____
(**North Carolina Vendors only.** County in which wholesaler is located)

Vendor Name _____
Company (winery, brewery, importer or nonresident vendor) that you represent

Location Address of Vendor _____
Street/Route   City   State   Zip Code

Mailing Address of Vendor _____
Street/Route/PO Box   City   State   Zip Code

Applicant's Complete Name _____
First (no abbreviations)   Middle   Last

Applicant's Resident Address _____
Street/Route   City   State   Zip Code

Business Address, if different than above _____
Street/Route   City   State   Zip Code

Date of Birth _____ Email Address _____

Home Telephone # (___) _____ Business Telephone # (___) _____

Do you hold any financial interest in, or do you receive, any profits or salary from any retail malt beverage or wine outlet in North Carolina? ☐ Yes ☐ No   If yes, explain on reverse side.

I certify under oath or affirmation that I am not less than 21 years of age; that I have not been convicted of a felony within the past three years, and if convicted of a felony before then, I have had my citizenship restored; that I have not been convicted of an alcoholic beverage or misdemeanor controlled substance offense within the past two years, and that I have not had any alcoholic beverage permit revoked within the past three years.

_____ _____
Signature of Applicant   Date

Sworn to and subscribed before me this the _____
Day   Month   Year

My commission expires: _____
Date of expiration   Notary or other person qualified by law to administer oaths
Note: *Must be stamped or sealed by notary*

MAIL THIS APPLICATION TO:

If sending by US Postal Service (regular mail):

  NC ABC COMMISSION
  4307 MAIL SERVICE CENTER
  RALEIGH NC 27699-4307

If sending by US Postal Service <u>EXPRESS MAIL</u> or by FEDEX / UPS:

  NC ABC COMMISSION
  400 EAST TRYON ROAD
  RALEIGH NC 27610