

TO APPLY FOR AN ABC RETAIL PERMIT:

Complete the list of items below and return to City of Jacksonville's Planning & Permitting Division at 815 New Bridge Street along with a \$125 fee. We accept checks (made out to City of Jacksonville), cash and credit cards (VISA or MasterCard).

Don't forget to refer to NC General Statutes 18B for things such as qualifications, issuance of permits and duration of permit; renewal and transfer. Information can be found at the following link:

http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/ByChapter/Chapter_18B.html

LIST OF ITEMS NEEDED FOR COMPLETE APPLICATION:

1. Application for ABC Retail Permit must be printed on one document (front/back)
2. Local Government Opinion Form must be printed on one document (front/back)
3. Inspection/Zoning Compliance form must be printed on one document (front/back)
4. Authority for Release of Information Form
5. Recycling Compliance Form (you have three choices so one must be completed and placed in packet)
6. Proof of Alcohol Seller/Server Training Form along with Certificate if provided
7. City of Jacksonville Beer & Wine Application
8. Local Background Check (from Onslow County Courthouse)
9. One Fingerprint Card for each person applying (If you would like JPD to complete your fingerprints, the cost is \$20 and you will need to pay at City Hall, payment cannot be accepted at the Center for Public Safety)
10. Passport size photos (can be done at City Hall, Walgreens or Rite Aid)

Approval Process

Please place each document in the same order as above. Once we have received the completed packet and fee, we will review the application following the process identified below.

Establishments within the City Limits:

1. Applicant submits a completed application packet to Planning & Permitting Division.
2. The Planning & Inspections Department reviews/signs application and forwards to Public Safety.
3. The Public Safety Department reviews/signs application.
4. Public Safety notifies applicant and business license office.
5. Applicant picks up signed application from Public Safety and delivers to NCABC.
6. Applicant brings NCABC information back to City Hall (Business License Office).

Establishments within the Extraterritorial Jurisdiction:

1. Applicant submits a completed application packet to Planning & Permitting Division.
2. The Planning & Inspections Department reviews/signs application and forwards to Public Safety.
3. The Public Safety Department reviews/signs application and forwards back to Planning & Permitting Division.
4. The Planning & Inspections Department forwards to Onslow County Sheriffs Department (OCSD)
5. The OCSD reviews/signs application.
6. OCSD notifies applicant.
7. Applicant picks up signed application from OCSD and delivers application to NCABC.

**NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

Location: 400 EAST TRYON ROAD
RALEIGH NC 27610
(919) 779-0700
abc.nc.gov

MAIL TO ADDRESS ON BACK OF FORM

HOW TO APPLY FOR AN ABC RETAIL PERMIT

I. INSTRUCTIONS

- A. Complete this application in its entirety. It must be signed and notarized.
- B. The correct fee(s) must accompany the application. Payment must be by a certified check, cashier's check or money order and made payable to the North Carolina ABC Commission.
- C. Include a black & white copy of valid photo ID.
- D. Include one (1) completed fingerprint card for each person participating in the business who is required to submit an application. A required fingerprint-processing fee of \$38.00 per person may be added with the permit fee in a single check.
- E. Include a copy of the lease or rental agreement, or a copy of the registered deed, specifying the applicant(s) as lessee/owner. This document must include the address or property description of the business. The lease/rental agreement must include the effective beginning date and term of the agreement.
- F. Submit a completed Local Government Opinion Form (Form 001) signed by the appropriate official.
- G. Submit a completed Inspection/Zoning Compliance Form (Form 002) signed by the appropriate officials.
- H. Submit a completed Proof of Alcohol Seller/Server Training Form.
- I. Include appropriate Recycling Form (on premise malt beverage, fortified wine, unfortified wine and mixed beverage applicants only.)
- J. Submit a detailed diagram of the premises – (on & off premise locations)
- K. The following additional documents are required for:
 - 1. **RESTAURANTS AND HOTELS** applying for on premise fortified wine, brownbagging restaurant and/or mixed beverages.
 - a. A copy of the food menu.
 - b. The price list of common or popular mixed beverages.
 - c. Photographs that show the following:
 - (1) The front exterior of the premises.
 - (2) All the dining areas, including patios and outdoor areas, where alcoholic beverages may be sold or consumed.
 - (3) The bars, counters and mixing stations.
 - (4) The storage area(s) for alcoholic beverages.
 - (5) The entire kitchen with all equipment.
 - 2. **EATING ESTABLISHMENTS** applying for an on premise unfortified wine permit must submit a copy of the food menu, a photo of the front exterior of the premises and a general area view of the inside seating area.
 - 3. **PRIVATE CLUBS**
 - a. A copy of the membership card or certificate.
 - b. A copy of the membership application form.
 - c. A copy of the written policy on granting full and limited memberships.
 - d. A copy of the written policy on use of facilities by guests.
 - e. A copy of the charter, constitution and by-laws, if any.
 - f. A photo of the front exterior of the premises and a general area view of the inside area.
 - 4. **OFF PREMISE ESTABLISHMENTS** must submit a photo of the front exterior of the premises and a general area view of the inside area.

II. WHO MUST FILE

- A. Individual Ownership – The individual owner of the business is required to file an application.
- B. General Partnership Ownership – Each partner is required to file a separate application.
- C1. Corporation Not Holding A Permit In This State – Each 25% or more stockholder, and each officer (President, Vice President, Secretary and Treasurer) must file separate applications. (**NOTE:** Articles of Incorporation must be submitted, which includes documentation to support ownership as outlined above.)
- C2. Corporation Currently Holding A Permit In This State And Applying At An Additional Location – Only an officer or manager is required to file an application.
- D1. Limited Liability Company (LLC) Not Holding A Permit In This State – If member managed, all members owning a 25% or greater interest must file; or, if no one owns a 25% interest, the managing members must file. If manager managed, the person or persons acting as manager(s) on behalf of the LLC must file, in addition to any member who owns a 25% or greater interest in the company. (**NOTE:** Articles of Organization must be submitted, which includes documentation to support ownership as outlined above, and if manager managed, must also submit copy of Operating Agreement.)
- D2. Limited Liability Company (LLC) Currently Holding A Permit In This State And Applying For A Permit At An Additional Location – Only an officer or site manager is required to file an application.
- E. Limited Partnership – The general partner(s) is required to file.
- F. In addition: Corporations, LLC's And Limited Partnerships –
 - 1. When applying for permits allowing on premise consumption, a NC resident must file as manager/site manager.
 - 2. Indicate name and address of registered agent and office. (Section H on the application.)
- G. Non-Residents (Individual or Partnership) – Each non-resident individual or partnership shall file as required above. In addition, a resident manager shall be appointed by the non-resident applicant as attorney-in-fact for the business. This manager shall also complete the required application. A certified copy of an executed power-of-attorney, which shall be registered in the county where the proposed licensed premises is located, shall be submitted with the application.

III. PERMIT RENEWAL

All Mixed Beverage, all Brownbagging, Special Occasion, Brew on Premises, Wine Shipper Packager, Wine Shop, Wine Tasting, Winemaking on Premises, and Malt Beverage Tasting permits expire on April 30 of each year. Paying the renewal fee by April 30 may renew permits. Notices are mailed to permittees during the month of February. The permittee is responsible for renewing the permit, and failure to receive a notice is not justification for being allowed to retain the permit beyond April 30. Permits not renewed by April 30 will be cancelled. After April 30, should new permits be desired, a new application must be submitted and the full fee paid. **Application and renewal fees are not prorated.**

IV. PERMIT REGISTRATION/INSPECTION FEE

All on and off premise malt beverage, fortified wine, and unfortified wine permittees must pay an annual Registration/Inspection Fee by May 1. Notices are mailed to permittees during the month of February. **Registration fees are not prorated.**

V. PERMIT FEES

All application fees must be submitted by a certified check, cashier's check or money order, and made payable to the **North Carolina ABC Commission**. All fees are deposited with the State Treasurer, and no provisions are made for refunds whether the application is approved, rejected or withdrawn.

TYPES OF PERMITS	FEE REQUIRED
1. Malt Beverage (Beer)	\$400.00**
2. Fortified Wine	\$400.00**
3. Unfortified Wine	\$400.00**
4. Mixed Beverage Restaurant	\$1000.00*
5. Mixed Beverage Hotel	\$1000.00*
6. Mixed Beverage Private Club	\$1000.00*
7. Mixed Beverage Convention Center	\$1000.00*
8. Mixed Beverage Community Theater	\$1000.00*
9. Mixed Beverage Sports Club	\$1000.00*
10. Mixed Beverage Non-Profit Organization	\$1000.00*
11. Mixed Beverage Political Organization	\$1000.00*
12. Mixed Beverage Catering	\$200.00*
13. Mixed Beverage Guest Room Cabinet	\$1000.00*
14. Mixed Beverage Residential Private Club	\$1000.00*
15. Mixed Beverage Tourism ABC Establishment	\$1000.00*
16. Mixed Beverage Tourism Resort	\$1000.00*
17. Mixed Beverage Tour Boat	\$1000.00*
18. Brownbagging Restaurant (Small) seating capacity 36-49	\$200.00*
19. Brownbagging Restaurant (Large) seating capacity 50 or more seats	\$400.00*
20. Brownbagging Private Club	\$400.00*
21. Brownbagging Community Theater	\$400.00*
22. Brownbagging Veterans Organization	\$400.00*
23. Special Occasion	\$400.00*
24. Brew on Premises	\$400.00*
25. Culinary	\$200.00
26. Ship Chandler	\$0
27. Wine Shipper Packager	\$100.00*
28. Wine Shop	\$100.00*
29. Wine Tasting	\$100.00*
30. Winemaking on Premises	\$400.00*
31. Malt Beverage Tasting	\$100.00*

* DENOTES ANNUAL RENEWAL FEE REQUIRED ON OR BEFORE APRIL 30 OF EACH YEAR.

** DENOTES ANNUAL REGISTRATION/INSPECTION FEE REQUIRED ON OR BEFORE MAY 1 OF EACH YEAR.

KEEP COPIES OF ALL DOCUMENTS SUBMITTED WHEN APPLYING FOR AN ABC PERMIT AT BUSINESS LOCATION. THE ALCOHOL LAW ENFORCEMENT (ALE) AGENT WILL REVIEW THESE DOCUMENTS WHEN CONDUCTING THE APPLICATION INVESTIGATION.

Permit applicants visiting the ABC Commission must arrive by 3:00 PM to be seen by a permit specialist.

Payment is accepted by credit card (MasterCard/Visa) if applying in person at the Commission

NORTH CAROLINA ALCOHOLIC BEVERAGE CONTROL COMMISSION

APPLICATION FOR ABC RETAIL PERMIT

Temporary Permit(s)	Amount Fee Paid	Application #
Malt Beverage _____	_____	Approved <input type="checkbox"/>
Fortified Wine _____	_____	Rejected <input type="checkbox"/>
Unfortified Wine _____	_____	By _____
Mixed Beverage _____	_____	Date _____
Other _____	_____	
Date Issued _____	Date _____	
Exp. Date _____	Received by _____	

(Do Not Write Above This Line)

County _____ If business is located inside city limits, indicate city _____
(in which business is located)

I hereby make application to the North Carolina Alcoholic Beverage Control Commission for the following permit(s) *Check appropriate block(s)*

<input type="checkbox"/> Malt Beverage (Beer) On Premise	<input type="checkbox"/> Fortified Wine On Premise	<input type="checkbox"/> Unfortified Wine On Premise
<input type="checkbox"/> Malt Beverage (Beer) Off Premise	<input type="checkbox"/> Fortified Wine Off Premise	<input type="checkbox"/> Unfortified Wine Off Premise
<input type="checkbox"/> Malt Beverage (Beer) On Premise Only <small>(Tour Boat)</small>	<input type="checkbox"/> Fortified Wine On Premise Only <small>(Tour Boat)</small>	<input type="checkbox"/> Unfortified Wine On Premise Only <small>(Tour Boat)</small>
<input type="checkbox"/> Mixed Beverage Restaurant	<input type="checkbox"/> Mixed Beverage Sports Club	<input type="checkbox"/> Mixed Beverage Residential Private Club
<input type="checkbox"/> Mixed Beverage Hotel	<input type="checkbox"/> Mixed Beverage Non-Profit Organization	<input type="checkbox"/> Mixed Beverage Tourism ABC Establishment
<input type="checkbox"/> Mixed Beverage Private Club	<input type="checkbox"/> Mixed Beverage Political Organization	<input type="checkbox"/> Mixed Beverage Tourism Resort
<input type="checkbox"/> Mixed Beverage Convention Center	<input type="checkbox"/> Mixed Beverage Catering	<input type="checkbox"/> Mixed Beverage Tour Boat
<input type="checkbox"/> Mixed Beverage Community Theater	<input type="checkbox"/> Mixed Beverage Guest Room Cabinet	
<input type="checkbox"/> Brownbagging Restaurant <small>(Small) 36-49 seating capacity</small>	<input type="checkbox"/> Brownbagging Community Theater	<input type="checkbox"/> Ship Chandler
<input type="checkbox"/> Brownbagging Restaurant <small>(Large) 50 or more seating capacity</small>	<input type="checkbox"/> Brownbagging Veterans Organization	<input type="checkbox"/> Wine Shipper Packager
<input type="checkbox"/> Brownbagging Private Club	<input type="checkbox"/> Special Occasion	<input type="checkbox"/> Wine Shop
	<input type="checkbox"/> Brew on Premises	<input type="checkbox"/> Wine Tasting
	<input type="checkbox"/> Culinary	<input type="checkbox"/> Winemaking on Premises

TYPE OF OWNERSHIP *(Check One)*:

Individual - (complete section A, B and F below)

General Partnership - (complete section A, B and F, below)

Corporation (complete section A, B, C, F and H below)

Limited Liability Company - (complete section A, B, D, F and H, below)

Limited Partnership - (complete section A, B, E, F, and H, below)

Nonresident Individual or Partnership (complete section A, B, F, and G, below)

Section A

Trade Name of Business _____

Location Address of Business _____
Street Address City State Zip Code

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

Section B

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

Date of Birth _____ Social Security # _____ Business Location Telephone # _____
Last Four Only

Section C

If Incorporated, Corporate Name _____

If Incorporated, position in Corporation: President Vice President Secretary Treasurer
 Manager Stockholder - % of Stock _____
(25% or more)

If 25% or more stockholder is another business entity, name of entity: _____

Applicant's position in business entity: _____

Section D

If LLC, Company Name _____

Form of Management Member-Managed Manager-Managed Interest Holder - % of Interest _____ Site Manager Site Manager Only
(25% or more)

If 25% or more interest is another business entity, name of entity _____

Applicant's position in business entity: _____

Section E

If Limited Partnership, Limited Partnership Name _____
General Partner Name _____

If General Partner is a Corporation, position in Corporation: President Vice President Secretary Treasurer
 Manager Stockholder - % of Stock _____

Section F

Resident Address _____
Street Address City State Zip Code
Home Telephone # (____) _____ Business Fax # (____) _____
Daytime Telephone # (____) _____ Cell Phone # (____) _____
e-mail address _____

Section G

Nonresident Individual or Partnership Attorney-In-Fact _____
Mailing Address _____
Street/PO Box City State Zip Code
Location Address _____
Street Address City State Zip Code

Section H

Corporations, LLC's, and Limited Partnerships
Registered Agent _____
Registered Agent Mailing Address _____
Street/PO Box City State Zip Code
Registered Agent Location Address _____
Street Address City State Zip Code

It is a Crime to make a false statement to obtain an ABC Permit

I CERTIFY UNDER OATH OR AFFIRMATION THAT:

- The information on this application is correct to the best of my knowledge.
- I am not less than 21 years of age (except for a manager of a business selling only malt beverages and unfortified wine, or a manager of an establishment operated by a corporation holding off premise permits for malt beverage and unfortified wine, in which case I certify that I am not less than 19 years of age.
- I have not been convicted of a misdemeanor controlled substance offense nor an alcoholic beverage offense within the past two years.
- 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.
- **NOTE:** Conviction is defined as "A person who has been "convicted" and found guilty, or has entered a plea of guilty or nolo contendere, and for which a judgment has been entered."
- I have had no alcoholic beverage permit revoked within three years.
- I am a resident of the state of North Carolina (except for an officer or stockholder/interest holder of a corporate/LLC applicant not responsible for the day to day operation of the business, or an applicant that has executed a power of attorney in accordance with G.S. 18B-900(a)(2)(b).
- I am an owner, lessee, or manager/site manager of the premises to be covered by the ABC permit(s).
- I have no financial interest in any alcoholic beverage manufacturing, bottling or wholesale distribution business, except as authorized for North Carolina wineries and breweries under article 11 of Chapter 18B of the North Carolina General Statutes.

Signature of Individual Filing Application Date

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

My commission expires _____
Notary or other person qualified by law to administer oaths

If sending by U.S. Postal Service (regular mail):

MAIL THIS APPLICATION TO:

NC ABC COMMISSION
ATTN: PERMIT & PRODUCT COMPLIANCE
4307 MAIL SERVICE CENTER
RALEIGH NC 27699-4307

If sending by U.S. Postal Service EXPRESS MAIL or by FEDEX/UPS:

NC ABC COMMISSION
ATTN: PERMIT & PRODUCT COMPLIANCE
400 EAST TRYON ROAD
RALEIGH NC 27610

**NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

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

**LOCAL GOVERNMENT OPINION
for ALCOHOLIC BEVERAGE PERMITS**

APPLICANT SHOULD COMPLETE THIS SECTION ONLY

Applicant's Name _____
Corporate or LLC Name *(if applicable)* _____
Trade Name of Business _____
Former Trade Name *(if any)* _____
Business Address _____
City/State _____
Date of Birth _____
NC Driver's License # _____
Last 4 of Social Security # _____

TYPE OF ABC PERMIT(S) BEING APPLIED FOR:

_____ On Premise
Indicate Type *(if any)*

_____ Off Premise
Indicate Type *(if any)*

REMAINDER OF FORM FOR OFFICIAL USE ONLY

Date Form 001 Mailed or Delivered _____
Designated Official's Name _____
Title _____
City/County _____
Address _____
Contact Telephone # _____

NOTICE: The Alcoholic Beverage Control Commission shall give notice of a permit application to the Governing body of a city or county prior to issuing a retail ABC permit. Designated Officials are expected to process this form within 15 days of receipt. The applicant will be required to provide proof of mandatory compliance with all applicable building and fire codes. The Inspection/Zoning Compliance form (Form 002) is for this purpose and will be completed by the appropriate local agencies.

FACTORS IN ISSUING A PERMIT: Pursuant to N.C.G.S. 18B-901(c), before issuing a permit, the ABC Commission shall be satisfied the applicant is a suitable person and that the location is a suitable place.

PLEASE INDICATE YOUR ANSWER TO THE FOLLOWING:

Do you approve of the applicant and location for the ABC permit?

YES _____ Applicant _____ NO _____ Applicant _____
Location _____ Location _____

Disapprovals: Pursuant to N.C.G.S. 18B-901 (b), to be considered by the ABC Commission, the objections shall state the facts upon which it is based. If you have indicated disapproval by answering "NO", please explain your reason(s) based on the factors outlined in N.C.G.S. 18B-901(c) on the attached page. Use extra sheets if additional space is required and attach all records and/or documents used to arrive at your decision. The mere indication of "NO" without an explanation is an insufficient basis for rejection and cannot be considered by the Commission.

Signature of Designated Official Date

Title of Designated Official

State of North Carolina
_____ County

_____ Being duly sworn says that the contents of the foregoing Local Government Opinion are true to his/her own knowledge, except as to matters stated on information and belief, and as to those matter(s) he/she believes them to be true.

Sworn to and subscribed before me this:

_____ Day Month Year

(Notary Public's Signature)

**NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

4307 MAIL SERVICE CENTER
RALEIGH NC 27699-4307
(919) 779-0700 FAX: (919) 662-3583
abc.nc.gov

INSPECTION/ZONING COMPLIANCE

IMPORTANT: The Applicant will complete SECTION A, below. SECTION B through SECTION E, below, are to be completed by the appropriate Inspection/Zoning Official. To request inspections and zoning certifications, please contact the city or county building and fire inspection and zoning departments for your area. Failure to submit this form in a timely manner to these local authorities may result in delays in processing of an ABC permit application. This form must be completed by the building, fire and zoning officials before a permit will be issued

SECTION A - APPLICANT TO COMPLETE

Name of Applicant _____
Trade Name of Business _____
Address of Business _____
City _____ County _____
Phone # (____) _____
Type of Establishment _____ Permit(s) Applying For _____

SECTION B - BUILDING INSPECTOR TO COMPLETE

Building Code:

Building is in - Compliance Non-compliance* Not Applicable

Building Inspector's Name (printed) and Signature _____
Phone # (____) _____ Date of Inspection _____

SECTION C - FIRE INSPECTOR TO COMPLETE

Fire Code:

Building is in - Compliance Non-compliance* Not Applicable

Fire Inspector's Name (printed) and Signature _____
Phone # (____) _____ Date of Inspection _____

SECTION D - ZONING OFFICIAL TO COMPLETE

Zoning:

Business is in - Compliance Non-compliance* Not Applicable

Is business located in an Urban Redevelopment Area (Article 22 of Chapter 160A) Yes No

If "Yes", has establishment been given notice that it is in an Urban Redevelopment Area and must comply with the requirements of N.C.G.S. 18B-309 Yes No

Zoning Classification _____
Permitted uses in this zone _____
Zoning Official's Name (printed) and Signature _____
Phone # (____) _____ Date of Inspection _____

**Please state reasons for "Noncompliance" in SECTION E on back of this page.*

AUTHORITY FOR RELEASE OF INFORMATION

Home/Business Telephone Number _____

I authorize the North Carolina Department of Justice through the STATE BUREAU OF INVESTIGATION, Special Operations Division, to perform a fingerprint search of the State's criminal history record file and a fingerprint search of the FEDERAL BUREAU OF INVESTIGATION'S files for a national criminal history record check in connection with my application for license with the ABC COMMISSION/ALCOHOL LAW ENFORCEMENT DIVISION pursuant to NCGS 18b-902 (HB 1638).

(Type or Print clearly)

Last Name	First	Middle	Maiden
_____	_____	_____	_____

Social Security Number (Optional*)	Date of Birth	Sex	Race
_____	_____	_____	_____

I understand that the North Carolina State Bureau of Investigation, Special Operations Division, and its officials and employees shall not be held legally accountable in any way for providing this information to the Alcohol Law Enforcement Division and the ABC Commission, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the Alcohol Law Enforcement Division and ABC Commission cannot provide a **hard copy** of the results of this criminal history record check to me.

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

Applicant's/Employee's Signature

Date

This form must be maintained on file with the above named agency for one year. Do not mail this form or a copy of this form to the State Bureau of Investigation.

NORTH CAROLINA ALCOHOLIC BEVERAGE CONTROL COMMISSION
4307 Mail Service Center
Raleigh, NC 27699-4307
(919) 779-0700 FAX: (919) 662-3583

**RECYCLING COMPLIANCE FORM
(Private Hauler or Government Pick Up)**

North Carolina General Statute 18B-902 requires applicants for on-premises malt beverage permits, on-premises unfortified wine permits, on-premises fortified wine permits or mixed beverages permits to prepare and submit with the application packet a plan for the collection and recycling of all recyclable beverage containers for all beverages sold for consumption on the licensed premises. This form is to be completed by a business when a private hauler or a city/county (government) will pick up the required containers for recycling.

For information on recycling services available in your area, go to abc.nc.gov, click on "Mandatory container recycling effective Jan. 2008" and then "Click here for detailed guidelines". You may obtain an Exemption Request Form at abc.nc.gov or by calling 919-779-0700.

Name of Applicant: _____

Trade name of business: _____

Address of business: _____

City/State/Zip: _____ County _____

Recycling service provider: _____

Contact person: _____ Title: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email: _____

Materials collected: _____

ATTACH A COPY OF YOUR CONTRACT FOR RECYCLING SERVICE

I certify that the information herewith provided is true and accurate to the best of my knowledge and realize that the reporting of false information can result in a violation of NCGS 18B-902(c)

Signature: _____ Date: _____

Print name: _____ Title: _____

NORTH CAROLINA ALCOHOLIC BEVERAGE CONTROL COMMISSION

4307 Mail Service Center

Raleigh, NC 27699-4307

(919) 779-0700 FAX: (919) 662-3583

RECYCLING COMPLIANCE FORM

(Self Hauling)

North Carolina General Statute 18B-902 requires applicants for on-premises malt beverage permits, on-premises unfortified wine permits, on-premises fortified wine permits or mixed beverages permits to prepare and submit with the application packet a plan for the collection and recycling of all recyclable beverage containers for all beverages sold for consumption on the licensed premises.

This form is to be completed by a business that plans to separate recyclable beverage containers as required by NCGS 18B-1006.1 and the business itself transport those containers to a facility for recycling. (Do not use this form if recycle pickup will be by the city, county or other service provider.)

For information on recycling services available in your area, go to abc.nc.gov, click on "Mandatory container recycling effective Jan. 2008" and then "Click here for detailed guidelines". You may obtain an Exemption Request Form at abc.nc.gov or by calling 919-779-0700.

Name of Applicant: _____

Trade name of business: _____

Address of business: _____

City/State/Zip: _____ County: _____

Contact person: _____

Phone Number: _____ Fax Number: _____

Permit number: _____

Facility where recyclable materials will be taken : _____

Address of facility: _____

City/State/Zip: _____ County: _____

I certify under oath or affirmation that the information herewith provided is true and accurate to the best of my knowledge. That pursuant to NCGS 18B-1006.1, recyclable beverage containers will be separated and collected at the business named on this form and that those containers will be taken to a facility that recycles the material.

Signature: _____ Date: _____

Print name: _____ Title: _____

Sworn to and subscribed before me this the _____

_____ Day Month Year

My commission expires _____

Notary or other person qualified to administer oaths
Note: Must be stamped or sealed by notary

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/Applicant: _____

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 recyclable material produced by your business	Approximate amount produced each week (for example, a 40 gallon trash can, two ten gallon garbage bags)
Glass	
Plastic	
Aluminum	

How close is your business to the nearest drop off center for recyclable material and who operates the center? _____

What materials are accepted at that drop off center? _____

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: _____

OFFICIAL USE ONLY:

DENR Recommendation: _____

ABC COMMISSION action: Exemption denied _____ Exemption granted until _____

NORTH CAROLINA
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4307 MAIL SERVICE CENTER
RALEIGH NC 27699-4307
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**PROOF OF ALCOHOL
SELLER/SERVER TRAINING**

IMPORTANT: The Applicant will complete SECTION A, below. *SECTION B, below is to be completed by the training provider.* **NOTE: If you provide other proof of training (i.e., certificate of training, transcript or other documentation), attach it to this form.** Failure to provide Proof of Alcohol Seller/Server training will prevent you from obtaining a TEMPORARY ABC permit.

SECTION A - APPLICANT TO COMPLETE

Name of Applicant _____

Trade Name of Business _____

Address of Business _____

City _____ County _____ State _____

Phone Number (____) _____

SECTION B – TRAINING PROVIDER TO COMPLETE

I certify that the above named applicant has completed an Alcohol Seller/Server training class. Basic information covered in the class included: acceptable forms of identification in North Carolina, preventing underage sales, signs of intoxicated patrons, preventing sales to intoxicated patrons, dram shop liability and hours of sale.

Name of Instructor (print) _____

Company/Agency of Course Provider _____

Address of Business _____

City _____ County _____ State _____

Phone Number (____) _____

Signature _____ Date of Training: _____



City of Jacksonville

Beer & Wine Application

APPLICANT ATTACH PHOTO IN THIS AREA

Today's Date:	Please check all that apply: Beer _____ Wine _____ On Premises _____ Off Premises _____
Applicants Name:	Applicants Address:
Name of Business:	Business Address:
Applicants SSN:	Mailing Address (if different):
Applicants Home Phone:	Applicants Cell Phone:
Applicants Date of Birth	Email Address:
Business EIN#:	Business Phone:
Relative's name/phone not living with applicant	Landlord/Property Mgmt/Property Owner of Business Location:
State License or Temporary License #	Date State License Issued:

Applicants Certification

Applicants Signature:	
Date:	
The request of SSN# is permitted by NC State Law & will be used to facilitate collection of unpaid, delinquent accounts. This allows the City to claim payment of any unpaid bills from a State income tax refund.	

Section to be completed by City Business License Specialist:

Licenses Issued By: _____ Date: ____/____/____

Licenses Number: _____

Form Revised 10-25-17