## NORTH CAROLINA ALCOHOLIC BEVERAGE CONTROL COMMISSION

Location: 400 EAST TRYON ROAD RALEIGH NC 27610

		(919)779-0700		2000				
AMOUNT FEE I	PAID:		APPROVED					
DATE:			REJECTED	REJECTED				
RECEIVED BY:	MAIL TO ADDRES	SS ON BACK OF FORM	BY:					
TEMP. #:			DATE:					
	(D. N. W. W.	41 mi + x + >						
	APPLICATION FOR LIMIT	e Above This Line) FED SPECIAL OCC	CASION PERMI	Т				
	Complete the application by printing in ink.							
	Application must be notarized.	1: 1 1 1						
C	Fee is \$50.00 submitted by certified check, cas	shier's check or money order m	ade payable to the NC	ABC.				
D	Submit a copy of the lease/rental agreement of	complete "Lease Information	Box" on the back of this	s form.				
E.	. Submit a <b>certified copy</b> of the applicant's Crin	ninal Record. Can be obtained	from the Clerk of Court	in the county				
	where the applicant resides.							
r.	. The completed application must be submitted a	it least 14 days prior to the eve	ent occurance.					
T. I	Park C. T. L. L.							
I nereby make	e application for a Limited Special Occasion perm	nit which authorizes me to tran	isport, possess, and serve	e fortified				
wine and spiri	ituous liquor to my guests at a reception, party, o	r other special occasion. The e	vent will be held on the					
premises of a	business with the permission of the owner of the	property.						
Check One:	heck One:							
	Limited Partnership Limited Lial	bility Company						
County:		Date:						
Individual's Fu	(in which event takes place)							
marviduai s 14	First (no abbreviations)	Middle						
Date of Birth:				Last				
Date of Birtin.		Social Security # _	(last four	digits only)				
If representing	z como outilization di la como di							
ii representing	g corporation, give corporation name:							
Trada Name	ST							
Trade Name o	f Location where event held:							
Location of ev	rout							
Location of ev	Street/Route							
Special Event:		C	City State	Zip Code				
opeciai Event.								
	Date Time Event Begins	D	Date	Time Event Ends				
	Note: A Limited Special Occasion permit a	llows the best of a few t						
	and fortified wine to invited guests, free of	charge Create are rection to	to furnish liquor					
	own liquor. There can be no charge to atte	and the function Any manage	atted to bring their					
	an illegal sale of alcohol, and violators will	be subject to criminal press	cution. If one rial					
	occurs, you must contact local law enforce	ment.	cution. If any violence					
7.1								
I ha	ave read and agree. Signature:	Type of Ex	ent.					

IF PERMIT IS TO BE MAILED BY COMMISSION, GIVE NAME AND MAILING ADDRESS:

MAILING ADDRESS:

NAME: \_

## APPLICANT INFORMATION

Resident Address:								
	Street/Route	C	ity	State	Zip Code			
Home Telephone #:	( )	B	Business Telepho	ne #:()				
Daytime Telephone #:	( )	email address	email addre <u>ss</u>					
<ul> <li>I am not</li> <li>I am no</li> <li>I have n</li> <li>offense</li> <li>I have n</li> <li>then, I h</li> <li>I have n</li> <li>I have ti</li> <li>The info</li> <li>I unders</li> </ul>	within the past two years not been convicted of a feave had my citizenship is not had an alcoholic beverable written permission of formation on this applicate stand that failure to abide to possess or serve alcoholic beautiful and the standard of the sta	of the premises age. nisdemeanor cons. elony within the restored. trage permit revo the owner of the tion is correct to be by the ABC law ohol.	applied for.  trolled substance past three years, ked within the p property to serv the best of my keys may result in the	e alcoholic beverages.	ony before			
sworn to and subscribed	erore me this the							
		Day	М	onth	Year			
My commission expire	es:							
			Signature of notary or o	other person qualified by law to adm	inister oaths			
As owner/l	lessee of the premises, I	Lease Infor		LSO Applicant				
receiving a	receiving a Limited Special Occasion Permit for use on said premises on the							
date of								
	Day	Month		Year				
		Owner/L	essee Signature	Telephone #				
( ) Bus	siness Telephone #		-	В.				
				Date				

## MAIL THIS APPLICATION TO:

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

NC ABC COMMISSION 4307 MAIL SERVICE CENTER RALEIGH NC 27699-4307 If sending by U.S. Postal Service EXPRESS MAIL or by FEDEX/UPS:

NC ABC COMMISSION 400 EAST TRYON ROAD RALEIGH NC 27610