



**COMPLETE THIS SECTION FOR ALL CIRCUMSTANCES:**

Beginning Date and Time: \_\_\_\_\_ Ending Date and Time: \_\_\_\_\_  
Month Day Year AM (circle one) PM Month Day Year AM (circle one) PM

**PERSONAL INFORMATION OF APPLICANT:**

Applicant's Name: \_\_\_\_\_  
First (no abbreviations) Middle Last

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Applicant's Home Address City State Zip Code

\_\_\_\_\_  
Applicant's Mailing Address, if different City State Zip Code

( ) ( ) ( )  
\_\_\_\_\_  
Home Telephone # Business Telephone # FAX #

**I CERTIFY UNDER OATH OR AFFIRMATION THAT:**

- I am not less than 21 years of age.
- I have not been convicted of a misdemeanor controlled substance offense or 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.
- I have not had an alcoholic beverage permit revoked within the past three years.
- All of the information supplied by me in this application is complete and accurate.

\_\_\_\_\_  
Signature of Applicant

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:**

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

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

**NC ABC COMMISSION  
400 EAST TRYON ROAD  
RALEIGH NC 27610**