

**NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

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

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

MAIL TO ADDRESS ON BACK OF FORM

APPROVED
REJECTED
BY: _____
DATE: _____

(Do Not Write Above This Line)

APPLICATION FOR LIMITED SPECIAL OCCASION PERMIT

- A. Complete the application by printing in ink.
- B. Application must be notarized.
- C. Fee is \$50.00 submitted by certified check, cashier's check or money order made payable to the NC ABC.
- D. Submit a copy of the lease/rental agreement or complete "Lease Information Box" on the back of this form.
- E. Submit a **certified copy** of the applicant's Criminal Record. Can be obtained from the Clerk of Court in the county where the applicant resides.

I hereby make application for a Limited Special Occasion permit which authorizes me to transport, possess, and serve fortified wine and spirituous liquor to my guests at a reception, party, or other special occasion. The event will be held on the premises of a business with the permission of the owner of the property.

Check One: Individual Partnership Corporation
 Limited Partnership Limited Liability Company

County: _____
(in which event takes place)

Date: _____

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

Date of Birth: _____ Social Security # _____ (last four digits only)

If representing corporation, give corporation name: _____

Trade Name of Location where event held: _____

Location of event: _____
Street/Route City State Zip Code

Special Event: _____
Date Time Event Begins Date Time Event Ends

Note: A Limited Special Occasion permit allows the host of a function to furnish liquor and fortified wine to invited guests, free of charge. Guests are not permitted to bring their own liquor. There can be no charge to attend the function. Any money collected constitutes an illegal sale of alcohol, and violators will be subject to criminal prosecution.

I have read and agree. Initial here: _____ Type of Event: _____

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

APPLICANT INFORMATION

Resident Address: _____
Street/Route City State Zip Code

Home Telephone #: () _____ Business Telephone #: () _____

Daytime Telephone #: () _____ Fax #: () _____ email address _____

I CERTIFY UNDER OATH OR AFFIRMATION THAT:

- I am not the owner or possessor of the premises applied for.
- 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.
- I have the written permission of the owner of the property to serve alcoholic beverages.
- The information on this application is correct to the best of my knowledge.
- I understand that failure to abide by the ABC laws may result in the immediate revocation of my privilege to possess or serve alcohol.

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

Lease Information	
As owner/lessee of the premises, I have no objection to: _____	
	LSO Applicant
receiving a Limited Special Occasion Permit for use on said premises on the	
date of	_____
Day	Month Year

	Owner/Lessee Signature Telephone #
() _____	_____
Business Telephone #	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**