

**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)