

Wake County Tax Administration

301 S. McDowell Street, Suite 3800
P.O. Box 2719 Raleigh NC 27602-2719
(919) 856-5999

BEVERAGE LICENSE APPLICATION

FOR OFFICE USE ONLY

Acct #:

Lic #:

Date:

Application is hereby submitted for licenses in accordance with and in conformity to all the provisions of the Beverage Control Act of 1937. If applicant possesses a State Permit, although he does not sell alcoholic beverages, he must purchase a County License. Complete and return this application along with your check or money order made payable to the Wake County Department of Tax Administration.

Owner/Corp. Name: _____	Owner's Telephone: _____
Owner's Address: _____	_____
Street	City State Zip
Email Address: _____	_____
Indiv/Corp. Officer Name: _____	Home Telephone: _____
Individual's Address: _____	_____
Street	City State Zip
Email Address: _____	_____
Trade Name: _____	Business Telephone: _____
Location of Business: _____	_____
Street	City State Zip
Mailing Address: _____	_____
Street	City State Zip
Federal ID/Social Security #: _____	Opening Date:* _____

* If applying 30 or more days after a license is issued by the State ABC Board, a penalty applies. Call 919-856-5999 for the penalty amount.

PLEASE FILL IN YOUR STATE ABC COMMISSION PERMIT NUMBERS WHERE APPLICABLE:

On Premises: Malt _____	Unfortified Wine _____	Fortified Wine _____
Off Premises: Malt _____	Unfortified Wine _____	Fortified Wine _____

COUNTY FEE SCHEDULE:

On Premises Malt Beverage: \$25.00	On Premises Wine: \$25.00
Off Premises Malt Beverage: \$5.00	Off Premises Wine: \$25.00

NOTE: State law provides that any person who shall knowingly make any false statement in an application for this license shall be guilty of a misdemeanor, and upon conviction shall be fined and/or imprisoned as provided by law.

NOTARIZED SIGNATURE CERTIFIES THAT THE FOLLOWING ARE TRUE:

1. The Applicant is a resident of North Carolina and is not less than 21 years of age except if a corporation holds the State ABC Permit then the manager/applicant is not less than 19 years of age.
2. The Applicant has not had an unsatisfied outstanding final judgment entered against him/her in an action under Article 1A of Chapter 18B of the Alcoholic Beverage Control Laws.
3. The Applicant, within two (2) years, has not had any alcoholic beverage offenses or any misdemeanor-controlled substance offense.
4. The Applicant has not within three years been convicted of a felony or had an alcoholic beverage permit revoked; or during the preceding license year, committed any act or permitted any condition for which his/her license has been revoked or suspended.

PRINTED NAME OF APPLICANT

NOTARIZED SIGNATURE OF APPLICANT

On this _____ day of _____, _____, personally appeared before me _____ who acknowledged execution of the above application and being duly sworn according to the law, deposes and says the statements made by him/her and contained therein are true and accurate.

My Commission Expires

Notary Public

PLEASE RETURN APPLICATION WITH PAYMENT