



*County of Durham
Office of Tax Administration
200 East Main Street, 1st floor
P.O. Box 3397
Durham, NC 27702*

TO THE DURHAM COUNTY BOARD OF COUNTY COMMISSIONERS

New Business [] **OR** New Ownership []
Previous Business Name _____

APPLICATION FOR LICENSE TO SELL BEER OR WINE AT RETAIL

License desired: Beer on premises [] Wine on premises []
Beer off premises [] Wine off premises []

**STATE OF NORTH CAROLINA
COUNTY OF DURHAM**

For license to sell wine and/or beer, the undersigned applicant being first duly sworn, states that the answers to the following questions are true of his own knowledge and are made for the purpose of inducing the Durham County Board of County Commissioners to issue a license to the undersigned for the sale of alcoholic beverages as indicated within the corporate limits of the County of Durham.

1. Corporate Name _____
D/B/A (Doing Business As) Name _____
2. NC ABC Permit Number _____
3. Physical Address of Business _____
(Street location, not P.O. Box)

Business Mailing Address _____
4. Owner(s) of business:
 - (a) Name _____
Address _____
Date of Birth _____
Social Security Number _____
N.C. Operator's License Number _____
 - (b) Name _____
Address _____
Date of Birth _____
Social Security Number _____
N.C. Operator's License Number _____
5. Telephone numbers of owner(s): (a) Home _____ Business _____ Fax _____
(b) Home _____ Business _____ Fax _____

6. Length of residence of owner(s) in North Carolina (a) _____ Years
(b) _____ Years
7. Are owners of business citizens of United States? _____
8. How long have present owners operated this business? _____
9. Distance of premises to the nearest church _____
10. Distance of premises to the nearest public or private school _____
11. Name, address and telephone number of former owner Name _____
Address _____ Phone _____
12. Does owner intend to operate the business for himself? _____
13. Does owner intend to operate the business under his immediate supervision and direction? _____
14. Who will be the manager or operator of the business?
Name _____
Address _____
Date of Birth _____
Social Security Number _____
N.C. Operators License Number _____
15. Who is owner of premises?
Name _____
Address _____
Telephone Number _____
16. Have you ever been convicted of a felony or crime involving moral turpitude? _____
17. Have you ever been convicted of violating the Federal or State prohibition laws? _____
If yes, were you convicted at anytime during the past two years? _____
Did you complete serving a sentence for any such years? _____
Did you complete serving a sentence for any such violation during the past two years? _____
18. Have you had any license to sell alcoholic beverages revoked during the past five years? _____
If revoked, when and why was license revoked? _____
19. To your knowledge, have any of the persons named in this application been convicted of any felony or crime involving moral turpitude, or of violation of the State or Federal Prohibition Laws? _____

As a further inducement to the Durham County Board of County Commissioners, the owner(s) agrees that he will promptly report any change or condition that may affect the validity of the information given above.

This is the _____ day of _____, 20_____

(Name of Business)

(Signature)

Subscribed and sworn to before me

This is the _____ day of _____, 20_____

(Notary Public)

My commission expires _____

Checklist: (1) Copy of your ABC Permit attached (2) Is this application notarized?