



**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	
		_____	
	<i>Robert J. Steel</i>	(252) 367-0704	
	Owner/Lessee Signature	Telephone #	
(252) 367-0704	_____		
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**