



**Application for:
ABC LICENSE INSPECTION**

**Guil-Rand Fire Department
Fire Marshal's Office**
10506 S. Main St. Archdale N.C. 27263
Telephone: (336) 431-2512
Fax: (336) 431-9622

Application for ABC License Inspection

Name of Person Applying:		
Name of Business:		
Business Address:		
Contact Person(s):		
E-mail:		Telephone:
If any special uses or considerations explain here:		

Our Fire Marshal's Office only conducts ABC Inspections inside the City Limits of Archdale, NC and inside the City Limits of Trinity, NC.

Once the permit is received with requires information attached we will contact you to schedule your ABC Inspection. Inspections will be completed Monday through Friday between the hours of 9:00-12:00 and 1:00-4:30.

There is a fee of \$50.00 for the initial ABC Permit Inspection. If the inspection is failed at the time of the initial inspection, there will be a fee of \$75.00 per visit after the initial inspection.

Fees must be paid before the inspection will be scheduled.

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INFORMATION REQUIRED: (Continue on additional pages if needed)

1. AN APPROVED **ELECTRONIC** or Hand Drawn sketch or map showing the layout of the building and the location of equipment or operations. This must be submitted in PDF Format.
2. Names of two persons and their phone numbers for contact during emergencies.
3. No Smoking and other signage as required by Fire Inspector
4. Type, size, quantity, and location of ANY Fire Protection Equipment

This application shall be considered valid as long as the above criteria, codes and local ordinances are met.

Conditions, surroundings and arrangements to be in accordance with: The most current edition of the NC State Building Code - Fire Prevention Code - Any Local Ordinances for the Municipality.

APPLICATION IS HEREBY MADE BY THE UNDERSIGNED FOR AN ABC LICENSE INSPECTION

Applicant Signature

Date: _____

APPLICANT NAME (PRINT AND SIGNATURE)

Fire Code Official

Approved

Date: _____

Approved with comments:

Denied

**NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

4307 MAIL SERVICE CENTER

RALEIGH NC 27699-4307

(919) 779-0700 FAX: (919) 662-3583

abc.nc.gov

INSPECTION/ZONING COMPLIANCE

IMPORTANT: The Applicant will complete SECTION A, below. *SECTION B through SECTION E, below, are to be completed by the appropriate Inspection/Zoning Official.* To request inspections and zoning certifications, please contact the city or county building and fire inspection and zoning departments for your area. Failure to submit this form in a timely manner to these local authorities may result in delays in processing of an ABC permit application. This form must be completed by the building, fire and zoning officials before a permit will be issued

SECTION A - APPLICANT TO COMPLETE

Name of Applicant _____

Trade Name of Business _____

Address of Business _____

City _____ County _____

Phone # (_____) _____

Type of Establishment _____ Permit(s) Applying For _____

SECTION B - BUILDING INSPECTOR TO COMPLETE

Building Code:

Building is in - *Compliance* *Non-compliance** *Not Applicable*

Building Inspector's Name (printed) and Signature _____

Phone # (_____) _____ Date of Inspection _____

SECTION C - FIRE INSPECTOR TO COMPLETE

Fire Code:

Building is in - *Compliance* *Non-compliance** *Not Applicable*

Fire Inspector's Name (printed) and Signature _____

Phone # (_____) _____ Date of Inspection _____

SECTION D - ZONING OFFICIAL TO COMPLETE

Zoning:

Business is in - *Compliance* *Non-compliance** *Not Applicable*

Is business located in an Urban Redevelopment Area (Article 22 of Chapter 160A) *Yes* *No*

If "Yes", has establishment been given notice that it is in an Urban Redevelopment Area and must comply with the requirements of N.C.G.S. 18B-309 *Yes* *No*

Zoning Classification _____

Permitted uses in this zone _____

Zoning Official's Name (printed) and Signature _____

Phone # (_____) _____ Date of Inspection _____

****Please state reasons for "Noncompliance" in SECTION E on back of this page.***

SECTION E - *Noncompliance*

REASONS FOR NONCOMPLIANCE	DATE CORRECTED