



**Application for
ABC LICENSE INSPECTION**

Fire Prevention Office
10506 S. Main St. Archdale N.C. 27263
 Telephone: (336) 431-2512
 Fax: (336) 431-9622

For Official Use Only	
Permit Number:	Application Date:
Approval Date:	Initials:
Denial Date:	Initials:
Reason for the Denial:	
Fees Paid: \$ 50.00	Check No.
Date:	Initials:
Payment of fees can be made to: GUIL-RAND FIRE DEPARTMENT 10506 S. MAIN ST. ARCHDALE N.C. 27263	
Telephone: 336-431-2512	

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:		

INFORMATION REQUIRED: (Continue on additional pages if needed)

1. AN APPROVED **ELECTRONIC** sketch or map showing the layout of the building and the location of equipment or operations.
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 NC State Building Code - Fire Prevention Code. Complete plans and construction details must be filed on all major projects when requested by the Fire Prevention Office.

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

Applicant Signature

Date: ___ / ___ / 20___

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.*

