



Application for:  
**ABC LICENSE INSPECTION**  
 Fire Marshal's Office  
 Guil-Rand Fire Department  
 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: <b>\$ 50.00</b>	Check No.
Date:	Initials:
Payment of fees can be made to: <b>GUIL-RAND FIRE DEPARTMENT</b> <b>10506 S. MAIN ST. ARCHDALE N.C. 27263</b>	
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:          		

**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.**

**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 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

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**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 \_\_\_\_\_

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**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 \_\_\_\_\_

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**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 \_\_\_\_\_

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**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 \_\_\_\_\_

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

## SECTION E - *Noncompliance*

[illegible]