NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION

AMOUNT FEE PAID: _____

DATE: _____

RECEIVED BY: _____

Location: 3322 OLD GARNER ROAD
RALEIGH, NC 27611-6687
(919) 779-0700

APPLICATION: _____

MAIL TO ADDRESS AT BOTTOM OF PAGE

APPLICATION FOR DUPLICATE PERMITS

(Do Not Write Above This Line)

A certified check, cashier's check or money order in the amount of $10.00, per location, wholesale salesman or vendor representative must be submitted with this application.

PLEASE PRINT

Reason for Duplicate: (Check appropriate box.)

- ☐ Lost or Damaged
- ☐ Trade Name Change
- ☐ Corporate Name Change
- ☐ Permittee Name Change (Including marriage/divorce)
- ☐ LLC Name Change (Submit new Articles)

Business Phone #: ( ) _____

Type of Ownership: (Check One)

- ☐ Individual
- ☐ Partnership
- ☐ Corporation
- ☐ Limited Partnership
- ☐ Limited Liability Company

County in which Business is Located: _____

New Trade Name of Business _____

Location Address of Business _____
Street/Route City State Zip Code

Mailing Address of Business _____
Street/Route/PO Box City State Zip Code

If Incorporated, Corporate Name: _____

If LLC, LLC Name _____

Individual's Full Name _____
First (no abbreviations) Middle Last

Former Trade Name: _____
(If application is for trade name change)

Former Corporate Name: _____
(If application is for corporate name change)

Former LLC Name: _____
(If application is for LLC name change)

Permit(s) Currently Held _____

MAIL THIS APPLICATION TO:

NC ABC COMMISSION
4307 MAIL SERVICE CENTER
RALEIGH NC 27699-4307

FEDEX/UPS :
NC ABC COMMISSION
3322 GARNER ROAD
RALEIGH NC 27610