NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION

RECEIVED LEGAL DIVISION

INDUSTRY PROMOTION APPROVAL

PRINT OR TYPE – COMPLETE ALL BLOCKS

INDUSTRY MEMBER CONTACT PERSON

PHONE:_____
FAX:

MAILING ADDRESS: (CITY, STATE, ZIP)

DATE(S) OF EVENT: _____
TIME:

NAME OF EVENT OR PROMOTION:

BRANDS BEING ADVERTISED:

LOCATION OF EVENT OR PROMOTION: (Include name of business, property, street address, city, county)

Name of Business or Property: _____ City: _____

Street Address: _____ County: _____

IS THIS LOCATION A RETAIL LICENSED PREMISES? ___YES ___NO

GROUP BEING SPONSORED, (IF ANY): _____
IS THIS A NON-PROFIT ORGANIZATION? ___YES ___NO
IF YES, IS NON-PROFIT ORGANIZATION
OBTAINING A SPECIAL ONE-TIME PERMIT? ___YES ___NO

GROUP CONTACT PERSON:
Name: _____
Daytime Phone:
(_____) _____

OTHER EVENT CO-SPONSORS, FINANCIAL SUPPORTERS OR PARTICIPANTS: RETAIL PERMITTEE

1. _____ ___YES ___NO
2. _____ ___YES ___NO
3. _____ ___YES ___NO
4. _____ ___YES ___NO

PURPOSE OF EVENT OR PROMOTION / DESCRIPTION OF EVENT ACTIVITIES:

WILL ALCOHOLIC BEVERAGES BE ___SOLD? ___GIVEN AWAY? BY WHOM? _____

DESCRIPTION OF EQUIPMENT OR ITEMS / CASH BEING DONATED / SOLD / LOANED, AND TO WHOM (BE SPECIFIC):

EXPOSURE & ADVERTISING: **DESCRIBE** LOCATION & CONTENT; INCLUDE BANNERS, AERIALS, INFLATABLES, SIGNS, TV, RADIO, NEWSPAPER

WILL CO-SPONSORING RETAILERS RECEIVE AD RECOGNITION? ___YES ___NO

ADVERTISING COSTS PAID BY:
Banners & Signs: _____
Aerials & Inflatables: _____
TV: _____
Radio: _____
Newspapers: _____
IF AVAILABLE, SUBMIT COPY OR PHOTOS OF ADVERTISING

COMMISSION APPROVAL:

CONDITIONS OR RESTRICTIONS:

___YES ___NO

(See reverse for Conditions, Restrictions, or Reasons for DISAPPROVAL)

INDUSTRY MEMBER: _____

EVENT NAME: _____ EVENT DATE: _____

_____

CONDITIONS, RESTRICTION ON APPROVAL

_____

REASON FOR DISAPPROVAL:

_____

COMMENTS:

_____

INDUSTRY MEMBER SUBMITTING REQUEST: _____

TITLE: _____

PHONE: _____

DATE: _____