

Durham County Tax Administration

201 E. Main Street, 3rd Floor
 PO Box 3397, Durham, NC 27702
 919-560-0300

BEVERAGE LICENSE APPLICATION**FOR OFFICE USE ONLY***Acct. #:* _____*Lic #* _____*Date:* _____

Application is hereby submitted for licenses in accordance with and in conformity to all the provisions of the Beverage Control Act of 1937. If applicant possesses a State Permit, although he does not sell alcoholic beverages, he must purchase a County License. Complete and return this application along with your check or money order made payable to the Durham County Tax Collector.

Trade Name: _____		Business Telephone: _____	
Location of Business: _____			
Street	City	State	Zip
Mailing Address: _____			
Street	City	State	Zip

Owner/Corp. Name: _____		Owner's Telephone: _____	
Owner's Address: _____			
Street	City	State	Zip

Indiv/Corp. Officer Name: _____		Home Telephone: _____	
Individual's Address: _____			
Street	City	State	Zip
Federal ID/Social Security #: _____		Opening Date: _____	

PLEASE FILL IN YOUR STATE ABC COMMISSION PERMIT NUMBERS WHERE APPLICABLE:

On Premises:	Beer _____	Wine _____
Off Premises:	Beer _____	Wine _____

COUNTY FEE SCHEDULE:

Beer On Premises: \$25.00	Wine On: \$25.00
Beer Off Premises: \$5.00	Wine Off Premises: \$25.00

Note: State laws provides that any person who shall knowingly make any false statement in an application for this license shall be guilty of a misdemeanor, and upon conviction shall be fined and/or imprisoned as provided by law.

NOTORIZED SIGNATURE CERTIFIES THAT THE FOLLOWING ARE TRUE:

1. The Applicant is a resident of North Carolina and is not less than 21 years of age except if a corporation holds the State ABC Permit then the manager/applicant is not less than 19 years of age.
2. The Applicant has not had an unsatisfied outstanding final judgment entered against him/her in an action under Article 1A of Chapter 18B of the Alcoholic Beverage Control Laws.
3. The Applicant within two (2) years has not had any alcoholic beverage offenses or any misdemeanor controlled substance offense.
4. The Applicant has not within three years been convicted of a felony or had an alcoholic beverage permit revoked; or during the preceding license year, committed any act or permitted any condition for which his/her license has been revoked or suspended.

PRINTED NAME OF APPLICANT_____
NOTORIZED SIGNATURE OF APPLICANT

On this ____ day of _____, _____, personally appeared before me _____ who acknowledged execution of the above application and being duly sworn according to the law, deposes and says the statements made by him/her and contained therein are true and accurate.

Notary Public_____
My Commission Expires**PLEASE RETURN APPLICATION WITH PAYMENT**