



# City of Sanford

## Application for Licenses to Retail Alcoholic Beverages

I, \_\_\_\_\_ do hereby make application to the Sanford City Council for a license to retail alcoholic beverages in conformity to provision of G.S. 18B.

Relationship to Organization:  Owner  Manager  Officer  Director  Other \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Length of Residence in North Carolina \_\_\_\_\_  
Years Months

Resident Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Type of Organization:  Individual  Partnership  Corporation

Corporate Business Name: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

Trade Name of Business: \_\_\_\_\_

Location Address of Business: \_\_\_\_\_  
Street City State Zip

Business Phone: \_\_\_\_\_ Business Hours: \_\_\_\_\_

Owner of Premises Name: \_\_\_\_\_

Address of Owner of Premises: \_\_\_\_\_  
Street City State Zip

I certify that the business to be authorized by the license applied for shall be carried on by myself or under my immediate supervision. I further certify that I am not less than 21 years of age, that I am of good moral character and have not, within the three years next preceding the filing of this application, been convicted of or entered a plea of nolo contendere to a felony or other crime involving moral turpitude; I further certify that I have not within the two years next preceding the filing of this application been adjudged guilty of violating the prohibition or liquor laws, either State or Federal. I certify that I have been a bona fide resident of North Carolina for a period of at least one year immediately preceding the date of filing of this application. (Residency requirement not applicable to officers or directors of a corporation.) I certify that I am the actual and bona fide lessee, or owner of the premises for which permit is requested; that the building conforms to all laws of health and fire regulations applicable thereto, and is a safe and proper building. I certify that I have never been deprived of my citizenship due to a conviction of a felony without having my citizenship restored. In consideration of the foregoing provisions and statements by me, which I declare under oath to be true, I respectfully request that license be issued.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_  
Day Month Year

SEAL

My commission expires \_\_\_\_\_  
Notary

<b>Beer and Wine Fee Schedule*</b>			
	<b>Malt Beverage (Beer)</b>	<b>Wine</b>	<b>Total</b>
<b>On Premise</b>	\$15.00	\$15.00	\$30.00
<b>Off Premise</b>	\$5.00	\$10.00	\$15.00

\*Fee must be paid with application and is nonrefundable. Make checks payable to City of Sanford.

<b>For Official Use Only</b>			
	<i>Approved</i>	<i>Disapproved</i>	
Police Department:	<input type="checkbox"/>	<input type="checkbox"/>	By: _____ Date: _____
Fire Department:	<input type="checkbox"/>	<input type="checkbox"/>	By: _____ Date: _____
Inspections Department:	<input type="checkbox"/>	<input type="checkbox"/>	By: _____ Date: _____
Customer Service Department*:	<input type="checkbox"/>	<input type="checkbox"/>	By: _____ Date: _____

*Contact information for approvals:*

Police Department

225 E Weatherspoon St (Bottom Level)  
Sanford, NC 27330  
(919) 777-1000

Fire Department

512 Hawkins Ave (Central Fire Station)  
Sanford, NC 27330  
(919) 777-1302  
Contact: Deputy Fire Marshall

Inspections Department

115 Chatham St (Ground Floor)  
Sanford, NC 27330  
(919) 718-4654

Customer Service Department\*

225 E Weatherspoon St (Top Level)  
Sanford, NC 27330  
(919) 775-8215  
Contact: Assistant Customer Service Manager

*\*Bring application notarized with Police, Fire, and Inspections Department approval signatures, NC ABC Commission Temporary Permit, and payment to the Customer Service Department for final approval.*