

**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

SECTION A - APPLICANT TO COMPLETE

Name of Applicant Esam Algazali
Trade Name of Business Super Save
Address of Business 8262 NC 27 West
City Lillington County Harnett
Phone # (252) (218)(0071)
Type of Establishment _____ Permit(s) Applying For _____

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 _____

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 _____

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 _____

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

Section E

If Limited Partnership, Limited Partnership Name _____
General Partner Name _____

If General Partner is a Corporation, position in Corporation: President Vice President Secretary Treasurer
 Manager Stockholder - % of Stock _____

Section F

Resident Address _____
Street Address City State Zip Code
Home Telephone # () _____ Business Fax # () _____
Daytime Telephone # () _____ Cell Phone # () _____
e-mail address _____

Section G

Nonresident Individual or Partnership Attorney-In-Fact _____
Mailing Address _____
Street/PO Box City State Zip Code
Location Address _____
Street Address City State Zip Code

Section H

Corporations, LLC's, and Limited Partnerships
Registered Agent _____
Registered Agent Mailing Address _____
Street/PO Box City State Zip Code
Registered Agent Location Address _____
Street Address City State Zip Code

It is a Crime to make a false statement to obtain an ABC Permit

I CERTIFY UNDER OATH OR AFFIRMATION THAT:

- The information on this application is correct to the best of my knowledge.
- I am not less than 21 years of age (except for a manager of a business selling only malt beverages and unfortified wine, or a manager of an establishment operated by a corporation holding off premise permits for malt beverage and unfortified wine, in which case I certify that I am not less than 19 years of age.
- I have not been convicted of a misdemeanor controlled substance offense nor an alcoholic beverage offense within the past two years.
- I have not been convicted of a felony within the past three years, and if convicted of a felony before then, I have had my citizenship restored.
- **NOTE:** Conviction is defined as "A person who has been "convicted" and found guilty, or has entered a plea of guilty or nolo contendere, and for which a judgment has been entered."
- I have had no alcoholic beverage permit revoked within three years.
- I am a resident of the state of North Carolina (except for an officer or stockholder/interest holder of a corporate/LLC applicant not responsible for the day to day operation of the business, or an applicant that has executed a power of attorney in accordance with G.S. 18B-900(a)(2)(b).
- I am an owner, lessee, or manager/site manager of the premises to be covered by the ABC permit(s).
- I have no financial interest in any alcoholic beverage manufacturing, bottling or wholesale distribution business, except as authorized for North Carolina wineries and breweries under article 11 of Chapter 18B of the North Carolina General Statutes.

Signature of Individual Filing Application Date

Sworn to and subscribed before me this the _____
Day Month Year

My commission expires _____
Notary or other person qualified by law to administer oaths

If sending by U.S. Postal Service (regular mail):

MAIL THIS APPLICATION TO:

If sending by U.S. Postal Service EXPRESS MAIL or by FEDEX/UPS:

NC ABC COMMISSION
ATTN: PERMIT & PRODUCT COMPLIANCE
4307 MAIL SERVICE CENTER
RALEIGH NC 27699-4307

NC ABC COMMISSION
ATTN: PERMIT & PRODUCT COMPLIANCE
400 EAST TRYON ROAD
RALEIGH NC 27610