

**NORTH CAROLINA  
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

4307 Mail Service Center  
Raleigh, NC 27699-4307  
(919)779-0700 FAX: (919)662-3583

**LOCAL GOVERNMENT OPINION  
for ALCOHOLIC BEVERAGE PERMITS**

APPLICANT SHOULD COMPLETE THIS SECTION ONLY

Applicant's Name Esam Algarali  
Corporate or LLC Name *(if applicable)* \_\_\_\_\_  
Trade Name of Business Super Save  
Former Trade Name *(if any)* \_\_\_\_\_  
Business Address 2262 NC 27 West  
City/State Lillington NC  
Date of Birth 3/8/1972  
NC Driver's License # \_\_\_\_\_  
Last 4 of Social Security # \_\_\_\_\_

**TYPE OF ABC PERMIT(S) BEING APPLIED FOR:**

\_\_\_\_\_ On Premise  
Indicate Type *(if any)*

\_\_\_\_\_ Off Premise  
Indicate Type *(if any)*

**REMAINDER OF FORM FOR OFFICIAL USE ONLY**

Date Form 001 Mailed or Delivered \_\_\_\_\_  
Designated Official's Name \_\_\_\_\_  
Title \_\_\_\_\_  
City/County \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Telephone # \_\_\_\_\_

**NOTICE:** The Alcoholic Beverage Control Commission shall give notice of a permit application to the Governing body of a city or county prior to issuing a retail ABC permit. Designated Officials are expected to process this form within 15 days of receipt. The applicant will be required to provide proof of mandatory compliance with all applicable building and fire codes. The Inspection/Zoning Compliance form (Form 002) is for this purpose and will be completed by the appropriate local agencies.

**FACTORS IN ISSUING A PERMIT:** Pursuant to N.C.G.S. 18B-901(c), before issuing a permit, the ABC Commission shall be satisfied the applicant is a suitable person and that the location is a suitable place.

**NORTH CAROLINA  
ALCOHOLIC BEVERAGE CONTROL COMMISSION  
APPLICATION FOR ABC RETAIL PERMIT**

<b>Temporary Permit(s)</b>	<b>Amount Fee Paid</b>	<b>Application #</b>
Malt Beverage _____	_____	Approved _____ <input type="checkbox"/>
Fortified Wine _____	_____	Rejected _____ <input type="checkbox"/>
Unfortified Wine _____	_____	By _____
Mixed Beverage _____	_____	Date _____
Other _____	_____	
Date Issued _____	Date _____	
Exp. Date _____	Received by _____	

(Do Not Write Above This Line)

County \_\_\_\_\_ If business is located inside city limits, indicate city \_\_\_\_\_  
(in which business is located)

I hereby make application to the North Carolina Alcoholic Beverage Control Commission for the following permit(s) *Check appropriate block(s)*

<input type="checkbox"/> Malt Beverage (Beer) On Premise	<input type="checkbox"/> Fortified Wine On Premise	<input type="checkbox"/> Unfortified Wine On Premise
<input type="checkbox"/> Malt Beverage (Beer) Off Premise	<input type="checkbox"/> Fortified Wine Off Premise	<input type="checkbox"/> Unfortified Wine Off Premise
<input type="checkbox"/> Malt Beverage (Beer) On Premise Only (Tour Boat)	<input type="checkbox"/> Fortified Wine On Premise Only (Tour Boat)	<input type="checkbox"/> Unfortified Wine On Premise Only (Tour Boat)
<input type="checkbox"/> Mixed Beverage Restaurant	<input type="checkbox"/> Mixed Beverage Non-Profit Organization	<input type="checkbox"/> Mixed Beverage Tourism Resort
<input type="checkbox"/> Mixed Beverage Hotel	<input type="checkbox"/> Mixed Beverage Political Organization	<input type="checkbox"/> Mixed Beverage Tour Boat
<input type="checkbox"/> Mixed Beverage Private Club	<input type="checkbox"/> Mixed Beverage Catering	<input type="checkbox"/> Mixed Beverage Distillery
<input type="checkbox"/> Mixed Beverage Convention Center	<input type="checkbox"/> Mixed Beverage Guest Room Cabinet	<input type="checkbox"/> Mixed Beverage Private Bar
<input type="checkbox"/> Mixed Beverage Community Center	<input type="checkbox"/> Mixed Beverage Residential Private Club	
<input type="checkbox"/> Mixed Beverage Sports Club	<input type="checkbox"/> Mixed Beverage Tourism ABC Establishment	
<input type="checkbox"/> Brownbagging Restaurant (Small) 36-49 seating capacity	<input type="checkbox"/> Brownbagging Community Theater	<input type="checkbox"/> Ship Chandler
<input type="checkbox"/> Brownbagging Restaurant (Large) 50 or more seating capacity	<input type="checkbox"/> Brownbagging Veterans Organization	<input type="checkbox"/> Wine Shipper Packager
<input type="checkbox"/> Brownbagging Private Club	<input type="checkbox"/> Special Occasion	<input type="checkbox"/> Wine Shop
	<input type="checkbox"/> Brew on Premises	<input type="checkbox"/> Wine Tasting
	<input type="checkbox"/> Culinary	<input type="checkbox"/> Winemaking on Premises

**TYPE OF OWNERSHIP (Check One):**

Individual - (complete section A, B and F below)

General Partnership - (complete section A, B and F, below)

Corporation (complete section A, B, C, F and H below)

Limited Liability Company - (complete section A, B, D, F and H, below)

Limited Partnership - (complete section A, B, E, F, and H, below)

Nonresident Individual or Partnership (complete section A, B, F, and G, below)

**Section A**

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

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

Mailing Address of Business \_\_\_\_\_  
Street/PO Box City State Zip Code

**Section B**

Applicant's Full Name \_\_\_\_\_  
(no abbreviations) First Middle Last

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Business Location Telephone # \_\_\_\_\_  
Last Four Only

**Section C**

If Incorporated, Corporate Name \_\_\_\_\_

If Incorporated, position in Corporation:  President  Vice President  Secretary  Treasurer  
 Manager  Stockholder - % of Stock \_\_\_\_\_  
(25% or more)

If 25% or more stockholder is another business entity, name of entity: \_\_\_\_\_

Applicant's position in business entity: \_\_\_\_\_

**Section D**

If LLC, Company Name \_\_\_\_\_

Form of Management  Member-Managed  Manager-Managed  Interest Holder - % of Interest \_\_\_\_\_  Site Manager  Site Manager Only  
(25% or more)

If 25% or more interest is another business entity, name of entity \_\_\_\_\_

Applicant's position in business entity: \_\_\_\_\_

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 EXEMPTION REQUEST FORM

Any business affected by NCGS 18B-1006.1 may apply for a one year exemption. Exemptions are granted based on the lack of availability of recycling services close to the business. Partial exemptions may be granted. The Commission will grant exemptions on a case by case basis

Permittee/Applicant: Esam Alqazali

Trade name of business: Super Save

Address of business: 8262 NC 27 West

City/State/Zip: Lillington/NC/27546 County: Harnett

Contact person: Esam Alqazali

Phone Number: 252-218-0071 Fax Number: \_\_\_\_\_

Permit number: \_\_\_\_\_

Efforts taken to implement recycling program \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Type of recyclable material produced by your business	Approximate amount produced each week (for example, a 40 gallon trash can, two ten gallon garbage bags)
Glass	
Plastic	
Aluminum	

How close is your business to the nearest drop off center for recyclable material and who operates the center? \_\_\_\_\_

What materials are accepted at that drop off center? \_\_\_\_\_

Attach any supporting documents

I certify that the information herewith provided is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

OFFICIAL USE ONLY:

DENR Recommendation: \_\_\_\_\_

ABC COMMISSION action: Exemption denied \_\_\_\_\_ Exemption granted until \_\_\_\_\_



State of North Carolina  
ALCOHOLIC BEVERAGE CONTROL COMMISSION

4307 MAIL SERVICE CENTER  
RALEIGH, NC 27699-4307

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CORPORATION

LIST OF OFFICERS AND STOCKHOLDERS:

NAME	TITLE	% OF STOCK OWNED
Esam Algazali	owner	100%

SIGNED: \_\_\_\_\_

LIMITED LIABILITY COMPANY

LIST OF MEMBERS AND PERCENTAGE OF MEMBER'S INTEREST:

NAME	% OF MEMBER'S INTEREST
Esam Algazali	100%

SIGNED: \_\_\_\_\_

STATE OF NORTH CAROLINA, COUNTY OF Harnett

I CERTIFY THAT \_\_\_\_\_ PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE DUE EXECUTION OF THE FOREGOING DOCUMENT. WITNESS MY HAND AND OFFICIAL SEAL, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

## AUTHORITY FOR RELEASE OF INFORMATION

Home/Business Telephone Number (252)-(218)-(0071)

I authorize the North Carolina Department of Justice through the STATE BUREAU OF INVESTIGATION, Special Operations Division, to perform a fingerprint search of the State's criminal history record file and a fingerprint search of the FEDERAL BUREAU OF INVESTIGATION'S files for a national criminal history record check in connection with my application for license with the ABC COMMISSION/ALCOHOL LAW ENFORCEMENT DIVISION pursuant to NCGS 18b-902 (HB 1638).

(Type or Print clearly)

Last Name	First	Middle	Maiden
<u>Algazali</u>	<u>Esam</u>		
Social Security Number (Optional*)	Date of Birth	Sex	Race
	<u>31811972</u>	<u>M</u>	

I understand that the North Carolina State Bureau of Investigation, Special Operations Division, and its officials and employees shall not be held legally accountable in any way for providing this information to the Alcohol Law Enforcement Division and the ABC Commission, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the Alcohol Law Enforcement Division and ABC Commission cannot provide a **hard copy** of the results of this criminal history record check to me.

\*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

Applicant's/Employee's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

This form must be maintained on file with the above named agency for one year. Do not mail this form or a copy of this form to the State Bureau of Investigation.