

**NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION
4307 MAIL SERVICE CENTER
RALEIGH NC 27699-4307
(919) 779-0700 FAX: (919) 662-3583**

**PROOF OF ALCOHOL
SELLER/SERVER TRAINING**

IMPORTANT: The Applicant will complete SECTION A, below. *SECTION B, below is to be completed by the training provider. **NOTE: If you provide other proof of training (i.e., certificate of training, transcript or other documentation), attach it to this form.*** Failure to provide Proof of Alcohol Seller/Server training will prevent you from obtaining a TEMPORARY ABC permit.

SECTION A - APPLICANT TO COMPLETE

Name of Applicant Esam Algazli
Trade Name of Business Super Save
Address of Business 8262 NC 27 West
City Lillington County Harnett State NC
Phone Number (252)(218)(0071)

SECTION B - TRAINING PROVIDER TO COMPLETE

I certify that the above named applicant has completed an Alcohol Seller/Server training class. Basic information covered in the class included: acceptable forms of identification in North Carolina, preventing underage sales, signs of intoxicated patrons, preventing sales to intoxicated patrons, dram shop liability and hours of sale.

Name of Instructor (print) _____
Company/Agency of Course Provider _____
Address of Business _____
City _____ County _____ State _____
Phone Number (____) _____
Signature _____ Date of Training: _____