

NORTH CAROLINA  
ALCOHOLIC BEVERAGE CONTROL COMMISSION

910-429-4475

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 Shadad Abdo Ali Sharaf  
Trade Name of Business \_\_\_\_\_  
Address of Business 4853 NC-27 W  
City Lillington County Harnett  
Phone # (910) 814-1117  
Type of Establishment ABC Permit Permit(s) Applying For The Country Mini Mart LLC

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.



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Raleigh, NC 27699-4307  
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**LOCAL GOVERNMENT OPINION  
for ALCOHOLIC BEVERAGE PERMITS**

APPLICANT SHOULD COMPLETE THIS SECTION ONLY

Applicant's Name Shadad Abdo Ali SharaF  
Corporate or LLC Name (if applicable) The Country Mini Mart LLC  
Trade Name of Business \_\_\_\_\_  
Former Trade Name (if any) \_\_\_\_\_  
Business Address 4853 NC 27 W  
City/State Lillington, NC 27546  
Date of Birth 11/5/1990  
NC Driver's License # 40027917  
Last 4 of Social Security # 6163

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

\_\_\_\_\_ On Premise  
Indicate Type (if any)  
Malt Bev. (Beer), Fortified & Unfortified Wine 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.

PLEASE INDICATE YOUR ANSWER TO THE FOLLOWING:

Do you approve of the applicant and location for the ABC permit?

YES \_\_\_\_\_ Applicant \_\_\_\_\_ NO \_\_\_\_\_ Applicant \_\_\_\_\_  
Location \_\_\_\_\_ Location \_\_\_\_\_

Disapprovals: Pursuant to N.C.G.S. 18B-901 (b), to be considered by the ABC Commission, the objections shall state the facts upon which it is based. If you have indicated disapproval by answering "NO", please explain your reason(s) based on the factors outlined in N.C.G.S. 18B-901(c) on the attached page. Use extra sheets if additional space is required and attach all records and/or documents used to arrive at your decision. The mere indication of "NO" without an explanation is an insufficient basis for rejection and cannot be considered by the Commission.

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

\_\_\_\_\_  
Signature of Designated Official Date

\_\_\_\_\_  
Title of Designated Official

State of North Carolina  
\_\_\_\_\_ County

\_\_\_\_\_ Being duly sworn says that the contents of the foregoing Local Government Opinion are true to his/her own knowledge, except as to matters stated on information and belief, and as to those matter(s) he/she believes them to be true.

Sworn to and subscribed before me this:

\_\_\_\_\_  
Day Month Year

\_\_\_\_\_  
(Notary Public's Signature)