

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

TEMP. PERMIT #: _____	FEES PAID _____	APPLICATION #: _____
Date Issued: _____	_____	Approved <input type="checkbox"/>
Expiration Date: _____	_____	Rejected <input type="checkbox"/>
	Date: _____	By: _____
	Received By: _____	Date: _____

*(Do Not Write Above This Line)*

COUNTY: Harnett

Reason for Application:  New Business     Additional Location     New Officer     Additional Permit  
 Ownership Change     Address Change     New Manager (LLC)

I hereby make application to the North Carolina Alcoholic Beverage Control Commission for the following permit(s) at this location:

*(Check the appropriate block(s))*

<input type="checkbox"/> Unfortified Winery (\$300)	<input type="checkbox"/> Fuel Alcohol (\$100)	<input type="checkbox"/> Bottler (\$300)	<input type="checkbox"/> Air Carrier (no fee)
<input type="checkbox"/> Fortified Winery (\$300)	<input type="checkbox"/> Wine Importer (\$300)	<input type="checkbox"/> Winery Special Event (\$200)	<input type="checkbox"/> Wine Shipper (wineries only – no fee)
<input checked="" type="checkbox"/> Brewery (\$300)	<input type="checkbox"/> Wine Wholesaler (\$300)	<input type="checkbox"/> Cider & Vinegar Manufacturer (\$200)	<input type="checkbox"/> Wine Shipper Packager (\$100)
<input type="checkbox"/> Distillery (\$300)	<input type="checkbox"/> Malt Beverages Importer (\$300)	<input type="checkbox"/> Wine Producer (\$300)	<input type="checkbox"/> Spirituous Liquor Warehouse (no fee)
<input type="checkbox"/> Packaging and Logistics (\$300)	<input checked="" type="checkbox"/> Malt Beverages Wholesaler (\$300)	<input checked="" type="checkbox"/> Malt Beverage Special Event (\$200)	<input type="checkbox"/> Spirituous Liquor Tasting (\$100)
		<input type="checkbox"/> Liquor Importer/Bottler (\$500)	<input type="checkbox"/> Spirituous Liquor Special Event (\$200)

**BUSINESS INFORMATION**

Trade Name of Business: Little Heathen's Brewery

Location Address: 3266 Ray Rd, Suite 2 Spring Lake NC 28390  
Street Address City State Zip Code

Mailing Address: 153 Canterbury Rd Sanford NC 27332  
Street Address/Post Office Box City State Zip Code

Type of Ownership:  Individual     Partnership     Corporation     Limited Liability Co.     Limited Partnership  
Owner must apply    Partners must apply    Officers and 25% or more shareholders must apply    Members owning 25% or more must apply (managing member)    General Partner Must Apply

**APPLICANT INFORMATION** *(Separate form for each applicant)*

Applicant's Full Name: Geoffrey Adam Terry  
First (No abbreviations) Middle Last

Date of Birth: 7/7/1980 Soc. Sec. # 8400 Email Address: geoffrey.adam.terry@gmail.com  
(last 4 digits)

Residential Address: 153 Canterbury Rd Sanford NC 27332  
Street Address City State Zip Code

Phone Numbers: \_\_\_\_\_ (910) 391-1758  
Daytime Business Mobile Fax

Position in Company: Owner/Manager Site Manager Only

If Corporation, Corporate name: \_\_\_\_\_  
Applicant's position/title:  President  Vice-President  Secretary  Treasurer \_\_\_\_\_ % Stockholder  
If 25% or more stockholder is another entity, name of entity: \_\_\_\_\_

If Limited Liability Company (LLC), LLC name: Little Heathen's Brewery LLC  
 Member-Managed LLC  Manager-Managed LLC  
Representative's position/title:  President  Vice-President  Secretary  Treasurer 50 % Stockholder  
(LLCs must also provide a copy of the Operating Agreement)

If a Limited Partnership, Limited Partnership Name: \_\_\_\_\_  
General Partner Name: \_\_\_\_\_

**REGISTERED AGENT INFORMATION** (*Corporations, LLCs and Limited Partnerships*)

Registered Agent Name: Geoffrey Adam Terry  
Registered Agent Mailing Address: 153 Canterbury Rd Sanford NC 27332  
Street Address/PO Box City State Zip Code  
Registered Agent Location Address: 153 Canterbury Rd Sanford NC 27332  
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 I am not less than 19 years of age.)
- I have not been convicted of a misdemeanor controlled substance offense or an alcoholic beverage offense within the past two (2) years.
- I have not been convicted of a felony within the past three (3) 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 not had an alcoholic beverage permit revoked within the past three years.
- I am a resident of the state of North Carolina. (Except for an officer, stockholder or 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, breweries and distilleries under Article 11 of Chapter 18B of the North Carolina General Statutes.

State of NC, County of \_\_\_\_\_

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

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

My Commission Expires: \_\_\_\_\_  
Date of Expiration Signature of Notary  
(or other person qualified by law to administer oaths)

(NOTE: MUST BE STAMPED OR SEALED BY NOTARY)

**FORWARD THIS APPLICATION, FEE(S) AND REQUIRED DOCUMENTS TO:**

If sending USPS, Express Mail, FedEx or UPS:  
NC ABC COMMISSION  
400 EAST TRYON ROAD  
RALEIGH, NC 27610

As an alternative for US Postal Service (regular delivery):  
NC ABC COMMISSION  
4307 MAIL SERVICE CENTER  
RALEIGH, NC 27699-4307

# NORTH CAROLINA ALCOHOLIC BEVERAGE CONTROL COMMISSION

## APPLICATION FOR ABC COMMERCIAL PERMIT

TEMP. PERMIT #: _____	FEES PAID _____	APPLICATION #: _____
Date Issued: _____	_____	Approved <input type="checkbox"/>
Expiration Date: _____	_____	Rejected <input type="checkbox"/>
	Date: _____	By: _____
	Received By: _____	Date: _____

*(Do Not Write Above This Line)*

COUNTY: Harnett

Reason for Application:  New Business     Additional Location     New Officer     Additional Permit

Ownership Change     Address Change     New Manager (LLC)

I hereby make application to the North Carolina Alcoholic Beverage Control Commission for the following permit(s) at this location:

*(Check the appropriate block(s))*

<input type="checkbox"/> Unfortified Winery (\$300)	<input type="checkbox"/> Fuel Alcohol (\$100)	<input type="checkbox"/> Bottler (\$300)	<input type="checkbox"/> Air Carrier (no fee)
<input type="checkbox"/> Fortified Winery (\$300)	<input type="checkbox"/> Wine Importer (\$300)	<input type="checkbox"/> Winery Special Event (\$200)	<input type="checkbox"/> Wine Shipper (wineries only – no fee)
<input checked="" type="checkbox"/> Brewery (\$300)	<input type="checkbox"/> Wine Wholesaler (\$300)	<input type="checkbox"/> Cider & Vinegar Manufacturer (\$200)	<input type="checkbox"/> Wine Shipper Packager (\$100)
<input type="checkbox"/> Distillery (\$300)	<input type="checkbox"/> Malt Beverages Importer (\$300)	<input type="checkbox"/> Wine Producer (\$300)	<input type="checkbox"/> Spirituous Liquor Warehouse (no fee)
<input type="checkbox"/> Packaging and Logistics (\$300)	<input checked="" type="checkbox"/> Malt Beverages Wholesaler (\$300)	<input checked="" type="checkbox"/> Malt Beverage Special Event (\$200)	<input type="checkbox"/> Spirituous Liquor Tasting (\$100)
		<input type="checkbox"/> Liquor Importer/Bottler (\$500)	<input type="checkbox"/> Spirituous Liquor Special Event (\$200)

### BUSINESS INFORMATION

Trade Name of Business: Little Heathen's Brewery

Location Address: 3266 Ray Rd, Suite 2 Spring Lake NC 28390  
Street Address City State Zip Code

Mailing Address: 153 Canterbury Rd Sanford NC 27332  
Street Address/Post Office Box City State Zip Code

Type of Ownership:  Individual     Partnership     Corporation     Limited Liability Co.     Limited Partnership

Owner must apply    Partners must apply    Officers and 25% or more shareholders must apply    Members owning 25% or more must apply (managing member)    General Partner Must Apply

### APPLICANT INFORMATION *(Separate form for each applicant)*

Applicant's Full Name: Josie Landis Terry  
First (No abbreviations) Middle Last

Date of Birth: 3/17/1982 Soc. Sec. # 8400 Email Address: appalagirl2000@gmail.com  
(last 4 digits)

Residential Address: 153 Canterbury Rd Sanford NC 27332  
Street Address City State Zip Code

Phone Numbers: \_\_\_\_\_ (910) 391-1758  
Daytime Business Mobile Fax

Position in Company: Owner/Manager  Site Manager Only

If Corporation, Corporate name: \_\_\_\_\_  
Applicant's position/title:  President  Vice-President  Secretary  Treasurer \_\_\_\_\_ % Stockholder  
If 25% or more stockholder is another entity, name of entity: \_\_\_\_\_

If Limited Liability Company (LLC), LLC name: Little Heathen's Brewery LLC  
 Member-Managed LLC  Manager-Managed LLC  
Representative's position/title:  President  Vice-President  Secretary  Treasurer 50 % Stockholder  
(LLCs must also provide a copy of the Operating Agreement)

If a Limited Partnership, Limited Partnership Name: \_\_\_\_\_  
General Partner Name: \_\_\_\_\_

**REGISTERED AGENT INFORMATION** (*Corporations, LLCs and Limited Partnerships*)

Registered Agent Name: Geoffrey Adam Terry  
Registered Agent Mailing Address: 153 Canterbury Rd Sanford NC 27332  
Street Address/PO Box City State Zip Code  
Registered Agent Location Address: 153 Canterbury Rd Sanford NC 27332  
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 I am not less than 19 years of age.)
- I have not been convicted of a misdemeanor controlled substance offense or an alcoholic beverage offense within the past two (2) years.
- I have not been convicted of a felony within the past three (3) 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 not had an alcoholic beverage permit revoked within the past three years.
- I am a resident of the state of North Carolina. (Except for an officer, stockholder or 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, breweries and distilleries under Article 11 of Chapter 18B of the North Carolina General Statutes.

State of NC, County of \_\_\_\_\_

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

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

My Commission Expires: \_\_\_\_\_  
Date of Expiration Signature of Notary  
(or other person qualified by law to administer oaths)

(NOTE: MUST BE STAMPED OR SEALED BY NOTARY)

**FORWARD THIS APPLICATION, FEE(S) AND REQUIRED DOCUMENTS TO:**

If sending USPS, Express Mail, FedEx or UPS:  
NC ABC COMMISSION  
400 EAST TRYON ROAD  
RALEIGH, NC 27610

As an alternative for US Postal Service (regular delivery):  
NC ABC COMMISSION  
4307 MAIL SERVICE CENTER  
RALEIGH, NC 27699-4307

**State of North Carolina**  
**ALCOHOLIC BEVERAGE CONTROL COMMISSION**

4307 MAIL SERVICE CENTER  
RALEIGH, NC 27699-4307

(919) 779-0700  
FAX (919) 662-3583

**CORPORATION**

**LIST OF OFFICERS AND STOCKHOLDERS:**

<b>NAME</b>	<b>TITLE</b>	<b>% OF STOCK OWNED</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

**LIMITED LIABILITY COMPANY**

**LIST OF MEMBERS AND PERCENTAGE OF MEMBER'S INTEREST:**

<b>NAME</b>	<b>% OF MEMBER'S INTEREST</b>
Geoffrey Terry	50%
Josie Terry	50%
_____	_____
_____	_____

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

**STATE OF NORTH CAROLINA, COUNTY OF** \_\_\_\_\_

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:** \_\_\_\_\_



**State of North Carolina**  
**ALCOHOLIC BEVERAGE CONTROL COMMISSION**

4307 MAIL SERVICE CENTER  
RALEIGH, NC 27699-4307

(919) 779-0700  
FAX (919) 662-3583

**FEDERAL EMPLOYER IDENTIFICATION/SOCIAL SECURITY NUMBER  
VERIFICATION FORM**

**Sole Proprietor:** \_\_\_\_\_  
(please print complete name)

**SSN** \_\_\_\_\_  
Social Security Number

**Corporation Name:** \_\_\_\_\_

**Limited Liability Company Name:** Little Heathen's Brewery LLC

**FEIN** 92-1740036  
Federal Employer Identification Number

**Trade Name:** Little Heathen's Brewery

**Address of Business:** 3266 Ray Rd, Suite 2, Spring Lake, NC 28390

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

**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 Geoffrey Terry  
Trade Name of Business Little Heathen's Brewery  
Address of Business 3266 Ray Rd, Suite 2  
City Spring Lake County Harnett  
Phone # ( 910 ) 391-1758  
Type of Establishment Brewery Permit(s) Applying For Malt Bev, Unf. Wine, Fort. Wine, Mixed Bev

---

**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 - *Noncompliance***

<b>REASONS FOR NONCOMPLIANCE</b>	<b>DATE CORRECTED</b>



# AUTHORITY FOR RELEASE OF INFORMATION

Home/Business Telephone Number (910) 391-1758

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>Terry</u>	<u>Geoffrey</u>	<u>Adam</u>	

Social Security Number (Optional*)	Date of Birth	Sex	Race
<u>8400</u>	<u>7/7/1980</u>	<u>M</u>	<u>W</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.

# AUTHORITY FOR RELEASE OF INFORMATION

Home/Business Telephone Number (910) 391-1758

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>Terry</u>	<u>Josie</u>	<u>Landis</u>	<u>Landis</u>

Social Security Number (Optional*)	Date of Birth	Sex	Race
<u>3943</u>	<u>3/17/1982</u>	<u>F</u>	<u>W</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.



## CREDIT CARD AUTHORIZATION FORM

### CARDHOLDER INFORMATION

Credit Card Type:                      Visa                      MasterCard                      Discover

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Month: \_\_\_\_\_ Exp. Year: \_\_\_\_\_

CVC: \_\_\_\_\_

By signing this document, I authorize The North Carolina Alcoholic Beverage Control Commission to charge my credit card for the specified amount.

Name: \_\_\_\_\_

Amount charged (\$): \_\_\_\_\_

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

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