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 Rami FAIZ Shahbain

Trade Name of Business R Value mart

Address of Business 7163 US-421 Willigton, NC, 27546

City Lilligton County Harnett

Phone # ( ) 347-592-7657

Type of Establishment gas station Permit(s) Applying For malt Beverage, unfortified

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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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 Rami FAIZ Shahbain

Trade Name of Business R Value mart

Address of Business 7163 NS-421 Lillington

City Lillington **County** Harnett **State** NC

Phone Number ( ) 347-592-7653

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:** _____