

**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 Jonathan J Canepa  
Trade Name of Business Giuseppe's Italian Market & Subs LLC  
Address of Business 8 N Broad Street East  
City Angier County Harnett  
Phone # (919) 292 4131  
Type of Establishment Restaurant Permit(s) Applying For Mixed Beverage / Malt Beverage beer  
*LA fortified wine 07/07/2025*  
*On premises*

**SECTION B - BUILDING INSPECTOR TO COMPLETE**

**Building Code:**

Building is in - ☒ Compliance ☐ Non-compliance\* ☐ Not Applicable

Building Inspector's Name (printed) and Signature Shannon Hodges  
Phone # (910) 987-1975 Date of Inspection 3/27/2025

**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 Central Business

Permitted uses in this zone Restaurants

Zoning Official's Name (printed) and Signature Shannon Hodges  
Phone # (910) 987-1975 Date of Inspection 3/27/2025

\*Please state reasons for "Noncompliance" in SECTION E on back of this page.

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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 Jonathan J Canepa  
Corporate or LLC Name (if applicable) Giuseppes Italian Market & Subs LLC  
Trade Name of Business \_\_\_\_\_  
Former Trade Name (if any) \_\_\_\_\_  
Business Address 8 N Broad Street East  
City/State Angier NC  
Date of Birth 05/23/1990  
NC Driver's License # 000042959410  
Last 4 of Social Security # 0969

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

Mixed Beverages Restaurant Malt Beverage Beer Unfortified wine On Premise  
Indicate Type (if any)  
Unfortified wine Off Premise  
Indicate Type (if any)

REMAINDER OF FORM FOR OFFICIAL USE ONLY

Date Form 001 Mailed or Delivered 03/18/2025  
Designated Official's Name Garland Lee Thompson Jr  
Title Interim Town Manager  
City/County Town of Angier  
Address 55 N. Broad St. Angier, NC 27501  
Contact Telephone # 919-331-6717

**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 ✓ Location ✓ NO      Applicant      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]* 3/18/25  
Signature of Designated Official Date

Interim Town Manager  
Title of Designated Official

State of North Carolina  
Harnett County

Cecelia Stephenson 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:

18 March 2025  
Day Month Year

*[Signature]*  
(Notary Public's Signature)

March 1, 2028

