

**NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

CERTIFICATE OF COMPLETION

AWARDED TO

Reginald Lewis

FOR SUCCESSFULLY COMPLETING

Responsible Alcohol Seller/Server Training

This confirms that I completed the North Carolina Alcoholic Beverage Control Commission's Online "Responsible Alcohol Seller/Server Training Course" and am aware of the laws in North Carolina relating to preventing underage sales, age requirements, signs of intoxicated persons, hours of sale, and acceptable identifications.

The Commission strongly recommends all employees receive responsible alcohol seller/server training prior to selling or serving alcoholic beverages in this state. This course provides basic information regarding alcohol sales and service laws in North Carolina. Additional information may be obtained at the Commission's web site: <https://abc.nc.gov/education/>, in addition to NC Alcohol Law Enforcement's website <https://www.ncdps.gov/our-organization/law-enforcement/alcohol-law-enforcement>.

Certificate Number: Cert261003

Date Issued: 11/3/2023

NORTH CAROLINA ALCOHOLIC BEVERAGE CONTROL COMMISSION

APPLICATION FOR ABC RETAIL PERMIT

TEMP. PERMIT #:

Malt Beverage	<input type="checkbox"/> ON	<input type="checkbox"/> OFF
Unfortified Wine	<input type="checkbox"/> ON	<input type="checkbox"/> OFF
Fortified Wine	<input type="checkbox"/> ON	<input type="checkbox"/> OFF
Mixed Beverage	_____	
Other	_____	

Date Issued: _____

Expiration Date: _____

FEES PAID

Fingerprints

Date: _____

Received By: _____

APPLICATION #:

Approved

Rejected

By: _____

Date: _____

(Do Not Write Above This Line)

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 checked="" type="checkbox"/> Malt Beverage (Beer) On Premise (\$400)	<input checked="" type="checkbox"/> Unfortified Wine On Premise (\$400)	<input type="checkbox"/> Fortified Wine On Premise (\$400)
<input type="checkbox"/> Malt Beverage (Beer) Off Premise (\$400)	<input type="checkbox"/> Unfortified Wine Off Premise (\$400)	<input type="checkbox"/> Fortified Wine Off Premise (\$400)
<input type="checkbox"/> Malt Beverage Tasting (\$100)	<input type="checkbox"/> Wine Tasting (\$100)	<input type="checkbox"/> Wine Shop (\$100)
<input type="checkbox"/> Malt Beverage On Premise Only (Tour Boat) (\$400)	<input type="checkbox"/> Unfortified Wine On Premise Only (Tour Boat) (\$400)	<input type="checkbox"/> Fortified Wine On Premise Only (Tour Boat) (\$400)
<input type="checkbox"/> Mixed Beverages Restaurant (\$1000)	<input type="checkbox"/> Mixed Beverages Nonprofit Organization (\$1000)	<input type="checkbox"/> Mixed Beverages Tourism Resort (\$1000)
<input type="checkbox"/> Mixed Beverages Hotel (\$1000)	<input type="checkbox"/> Mixed Beverages Political Organization (\$1000)	<input type="checkbox"/> Mixed Beverages Tourism ABC Establishment (\$1000)
<input type="checkbox"/> Mixed Beverages Bar (\$1000)	<input checked="" type="checkbox"/> Mixed Beverages Convention Center (\$1000)	<input type="checkbox"/> Mixed Beverages Residential Private Club (\$1000)
<input type="checkbox"/> Mixed Beverages Private Club (\$1000)	<input type="checkbox"/> Mixed Beverages Community Theater (\$1000)	
<input type="checkbox"/> Mixed Beverages Sports Club (\$1000)	<input type="checkbox"/> Mixed Beverages Guest Room Cabinet (\$1000)	
<input type="checkbox"/> Mixed Beverages Distillery (\$1000)	<input type="checkbox"/> Mixed Beverages Tour Boat (\$1000)	
<input type="checkbox"/> Mixed Beverages Catering (\$200)		
<input type="checkbox"/> Brown-bagging Restaurant (\$200) (Small) 36-49 seating capacity	<input type="checkbox"/> Brown-bagging Private Club (\$400)	<input type="checkbox"/> Culinary (\$200)
<input type="checkbox"/> Brown-bagging Restaurant (\$400) (Large) 50 or more seating capacity	<input type="checkbox"/> Brown-bagging Community Theater (\$400)	<input type="checkbox"/> Brew On Premise (\$400)
	<input type="checkbox"/> Brown-bagging Veterans Organization (\$400)	<input type="checkbox"/> Wine Making On Premise (\$400)
	<input checked="" type="checkbox"/> Sports and Entertainment	<input type="checkbox"/> Special Occasion (\$400)

BUSINESS INFORMATION

(If Business is located inside city limits, also list city)

COUNTY: _____ CITY: Lillington

Business/Company Name: CLADom Enterprises Trade Name: CATHIS FARMS EVENTS

Location Address: 544 FALCON Rd Lillington N.C. 27546
Street Address City State Zip Code

Mailing Address: SAME AS ABOVE
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: REGINALD M. Lewis
First (No abbreviations) Middle Last

Date of Birth: 10-25-1957 Soc. Sec. # 1776 Email Address: SWAVRLEWIS@AOL.COM
(last 4 digits)

Residential Address: 140 PINNACLE DR. Spring Lake 28390
Street Address City State Zip Code

Phone Numbers: 757-535-6335 757-537-3435
Daytime Business Mobile Fax

Position in Company: OWNER Site Manager Only:



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:

NAME	TITLE	% OF STOCK OWNED

SIGNED: _____

LIMITED LIABILITY COMPANY

LIST OF MEMBERS AND PERCENTAGE OF MEMBER'S INTEREST:

NAME	PERCENTAGE OF MEMBER'S INTEREST
REGINALD MORRIS LEWIS	100%

SIGNED: Reginald M. Lewis

STATE OF NORTH CAROLINA, COUNTY OF Cumberland

I CERTIFY THAT Reginald Morris Lewis PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE DUE EXECUTION OF THE FOREGOING DOCUMENT. WITNESS MY HAND AND OFFICIAL SEAL, THIS 01 DAY OF May, 2024.

NOTARY PUBLIC

MY COMMISSION EXPIRES: 11-26-2027

Philip J Kelsey
NOTARY PUBLIC
Cumberland County, NC
My Commission Expires November 26, 2027

**NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

4307 Mail Service Center
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 REGINALD M. LEWIS
Corporate or LLC Name (if applicable) CLADOM ENTERPRISE LLC
Trade Name of Business CLADOM ENTERPRISE LLC
Former Trade Name (if any) CATHIS FARMS
Business Address 544 FALCON RD
City/State LILLINGTON N.C.
Date of Birth 10-25-1957
NC Driver's License # 000043175002 N.C.
Last 4 of Social Security # 1776

TYPE OF ABC PERMIT(S) BEING APPLIED FOR:

BEER + WINE. SPLIT ON FARMS, CATHIS FARMS On Premise
Indicate Type (if any) _____
_____ 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)

NORTH CAROLINA ALCOHOLIC BEVERAGE CONTROL COMMISSION

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RECYCLING COMPLIANCE FORM
(Private Hauler or Government Pick Up)

North Carolina General Statute 18B-902 requires applicants for on-premises malt beverage permits, on-premises unfortified wine permits, on-premises fortified wine permits or mixed beverages permits to prepare and submit with the application packet a plan for the collection and recycling of all recyclable beverage containers for all beverages sold for consumption on the licensed premises.

This form is to be completed by a business when a private hauler or a city/county (government) will pick up the required containers for recycling.

For information on recycling services available in your area, go to abc.nc.gov, click on "Mandatory container recycling effective Jan. 2008" and then "Click here for detailed guidelines". You may obtain an Exemption Request Form at abc.nc.gov or by calling 919-779-0700.

Name of Applicant: REGINALD M. LEWIS
Trade name of business: CATHIS FARMS / CLADOM ENTERPRISE LLC
Address of business: 544 FALCON RD
City/State/Zip: LILLINGTON, N.C. 27330 County HARRNETT
Recycling service provider: WM - WASTE MANAGEMENT
Contact person: Tom Title: SALE REP
Address: 2720 WILKINS DR. SANFORD, N.C. 27330
Phone Number: 919-774-9511 Fax Number: _____
Email: _____
Materials collected: CANS, TRASH FROM VENDOR'S, IN TRASH BAGS

ATTACH A COPY OF YOUR CONTRACT FOR RECYCLING SERVICE

I certify that the information herewith provided is true and accurate to the best of my knowledge and realize that the reporting of false information can result in a violation of NCGS 18B-902(c)

Signature:  Date: 5-01-2024

Print name: REGINALD M. LEWIS Title: OWNER

NORTH CAROLINA ALCOHOLIC BEVERAGE CONTROL COMMISSION

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RECYCLING COMPLIANCE FORM

(Self Hauling)

North Carolina General Statute 18B-902 requires applicants for on-premises malt beverage permits, on-premises unfortified wine permits, on-premises fortified wine permits or mixed beverages permits to prepare and submit with the application packet a plan for the collection and recycling of all recyclable beverage containers for all beverages sold for consumption on the licensed premises.

This form is to be completed by a business that plans to separate recyclable beverage containers as required by NCGS 18B-1006.1 and the business itself transport those containers to a facility for recycling. (Do not use this form if recycle pickup will be by the city, county or other service provider.)

For information on recycling services available in your area, go to abc.nc.gov, click on "Mandatory container recycling effective Jan. 2008" and then "Click here for detailed guidelines". You may obtain an Exemption Request Form at abc.nc.gov or by calling 919-779-0700.

Name of Applicant: _____

Trade name of business: _____

Address of business: _____

City/State/Zip: _____ County: _____

Contact person: _____

Phone Number: _____ Fax Number: _____

Permit number: _____

Facility where recyclable materials will be taken : _____

Address of facility: _____

City/State/Zip: _____ County: _____

I certify under oath or affirmation that the information herewith provided is true and accurate to the best of my knowledge. That pursuant to NCGS 18B-1006.1, recyclable beverage containers will be separated and collected at the business named on this form and that those containers will be taken to a facility that recycles the material.

Signature: _____ Date: _____

Print name: _____ Title: _____

Sworn to and subscribed before me this the _____ Day _____ Month _____ Year

My commission expires _____

Notary or other person qualified to administer oaths
Note: Must be stamped or sealed by notary

**NORTH CAROLINA
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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 CERTIFICATE OF COMPLETION
Trade Name of Business _____
Address of Business ATTACH
City _____ County _____ State _____
Phone Number (____) _____

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: _____



ABC

COMMISSION
NORTH CAROLINA

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: _____