

**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 \_\_\_\_\_  
Corporate or LLC Name (if applicable) \_\_\_\_\_  
Trade Name of Business \_\_\_\_\_  
Former Trade Name (if any) \_\_\_\_\_  
Business Address \_\_\_\_\_  
City/State \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
NC Driver's License # \_\_\_\_\_  
Last 4 of Social Security # \_\_\_\_\_

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

\_\_\_\_\_ 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.

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

**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.

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Date \_\_\_\_\_

**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.

Day

Month

Year

(Notary Public's Signature)



# GOLDSBORO POLICE DEPARTMENT



## CRIMINAL HISTORY REQUEST

Name:			
Race:	Sex:	DOB:	SS#:
Driver's License:			State:
OCA#:			
Requesting Officer:			
Dissemination of Copy:			

### Reason for Requesting Criminal History

Check one:	Purpose Code
<input type="checkbox"/> DA Case File	C
<input type="checkbox"/> Criminal Investigation	C
<input type="checkbox"/> Disposition of Firearms	QDOF
<input type="checkbox"/> Criminal Justice Employment	J
<input type="checkbox"/> City Employment	E-56
<input type="checkbox"/> ABC Permit	E-28
<input type="checkbox"/> Other:	

Note: DMV History and NCIC Wanted Persons Inquiry is included in the Criminal History Response

Date:

Terminal Operator:



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**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.

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**SECTION A - APPLICANT TO COMPLETE**

Name of Applicant \_\_\_\_\_  
Trade Name of Business \_\_\_\_\_  
Address of Business \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_  
Phone # (    ) \_\_\_\_\_

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**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 \_\_\_\_\_

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**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 \_\_\_\_\_

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**SECTION D - ZONING OFFICIAL TO COMPLETE**

**Zoning:**

Business is in -    ☐ Compliance    ☐ Non-compliance\*    ☐ Not Applicable

Business is located in \_\_\_\_\_

Zoning Classification \_\_\_\_\_

Permitted uses in this zone \_\_\_\_\_

Zoning Official's Name (printed) and Signature \_\_\_\_\_

Phone # (    ) \_\_\_\_\_ Date of Inspection \_\_\_\_\_

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

## SECTION E - *Noncompliance*

[illegible]