

**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 # \_\_\_\_\_  
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 Official's are expected to process this form within a reasonable period of time. 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:

- |                                     |     |                          |    |                          |
|-------------------------------------|-----|--------------------------|----|--------------------------|
| 1. Do you approve of the applicant? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 2. Do you approve of the location?  | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

**OBJECTIONS:** 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" to either 1 or 2, please explain your reason(s) based on fact, record, law or reputation in the space provided below. 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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Other factors the Commission shall consider in determining the suitability of the applicant and business are:

1. The reputation, character, and criminal record of the applicant.
2. The number of places already holding ABC permits within the neighborhood.
3. Parking facilities and traffic conditions in the neighborhood.
4. Kinds of businesses already in the neighborhood.
5. Whether the establishment is located within 50 feet of a church or public school or church school.
6. Zoning laws.
7. The recommendations of the local governing body.
8. Any other evidence that would tend to show whether the applicant would comply with the ABC laws and whether operation of the business at this location would be detrimental to the neighborhood.

Do you feel the applicant and/or location are unsuitable pursuant to any other factors outlined under 1-8 above? If "Yes," please write the number(s) on the space provided below and explain your reasons based on fact, record, law, or reputation. Use extra sheets if additional space is required and also attach all records and/or documents used to arrive at your decision. The mere indication of "Yes," without an explanation is an insufficient basis for rejection and will not be considered by the Commission.

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Signature of Designated Official

Date

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Title of Designated Official

**VERIFICATION:** The Local Government Opinion Form for Alcoholic Beverage Permits (Form 001) is a basis for the Commission's rejection of an ABC application when there is an objection by local government. In addition, this form is also the basis for responsive pleadings filed when the applicant seeks judicial review of Commission action taken on behalf of local government.

If you have objected to issuance of the ABC permit(s) by this applicant at this location, you must also sign the verification below in order for the Commission to take action on your behalf. Furthermore, if the applicant seeks an administrative hearing upon rejection of his/her ABC permit(s) by the Commission, your attendance at the hearing will be mandatory in order for the Commission to proceed.

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.

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Signature of Designated Official

Sworn to and subscribed before me this

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Title of Designated Official

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Day Month Year

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(Notary Public's Signature)

GOLDSBORO POLICE DEPARTMENT  
NON-CRIMINAL HISTORY REQUEST FORM

(North Carolina Only)

Date Received \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Position \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ SS No: \_\_\_\_\_

Driver License No: \_\_\_\_\_ State: NC \_\_\_\_\_

Requesting Person: *Michael Sweet* Date: \_\_\_\_\_

Dissemination of copy: Sgt Michael Sweet Sgt / ABC Permit Coordinator

Reason for Requesting Record Check

(check applicable blank)

QHNC ONLY

Purpose Code: E

XX ABC Permits

Purpose Code E 28 (Local Opinion Forms)

\_\_\_\_\_  
DCI Operator

\_\_\_\_\_  
Date