



INSTRUCTIONS

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY AND FOLLOW THE INSTRUCTIONS. PRINT OR TYPE LEGIBLY. ANY INCOMPLETE, ILLEGIBLE OR INACCURATE INFORMATION WILL RESULT IN THE PACKAGE BEING RETURNED TO YOU.

- 1) Complete the application for City Privilege License, application for beer and wine license and affidavit.
- 2) Complete the TOP PORTION ONLY of the "Local Government Opinion Form 001."
- 3) Complete the TOP PORTION ONLY of the "Inspections Report for Building and Zoning Compliance."

Bring the completed forms along with a check for \$250.00 made payable to "City of Asheville" to:

Public Works Facility
161 South Charlotte Street
Building Safety Dept., Room A-101.

If the premises has received a Certificate of Compliance within the past 6 months for new construction or major renovation, the fee is \$50.00.

We will distribute the forms and coordinate the approval process with the City Departments concerned.

When all of the Departments have responded, we will call you to pick up your package so that you may hand deliver it to A.L.E. We will also tell you the amount due for your City Privilege License and your beer and wine license. You will need to bring another check for that amount when you pick up your package.

If you have any questions you may call Sheila Salyer at (828) 259-5656.

To assist us, please complete the required information below, cut off and return with the other applications.

Business Name: _____

Physical Address of Business: _____

Local Contact Person's Name: _____

Mailing Address: _____

Daytime Telephone Number: () _____

**** PLEASE NOTE****

CITY OF ASHEVILLE APPROVAL PROCESS TAKES APPROXIMATELY 15 BUSINESS DAYS.

CITY OF ASHEVILLE
Finance Department/Customer Services Division
P.O. Box 7148 Asheville, NC 28802
Phone # (828) 251-1122 Fax # (828) 259-5965

PRIVILEGE LICENSE APPLICATION

(PLEASE PRINT)

Property I.D. # _____

Date of Application _____

of Business Physical Location

1. Name of Business or Applicant _____

2. Business Mailing Address _____
(Street or Post Office Box)

(City) (State) (Zip Code)

3. Business Physical Location _____
(Street)

(City) (State) (Zip Code)

4. Type of Business: _____ Sole Proprietorship _____ Partnership _____ Corporation

5. Business Phone # () _____ Fax Number () _____

6. Emergency Phone # () _____

7. Is this Business Incorporated? Yes _____ No _____ (Please List Officer's Information on Back)

8. SS# _____ or Federal ID # _____

SS# _____

9. Owner(s) of Business:

Print Name(s)

Signature(s)

Owner's Home Phone # () _____

Owner's Address _____

10. Description of Business _____

11. State License (if applicable) _____ Check here if one time job _____

Please List Corporate Officers Below:
(Or Attach Preprinted List)

Officer Title _____
Name _____
Address 1 _____
Address 2 _____
City _____ State _____ Zip Code _____
SS# _____

Officer Title _____
Name _____
Address 1 _____
Address 2 _____
City _____ State _____ Zip Code _____
SS# _____

Officer Title _____
Name _____
Address 1 _____
Address 2 _____
City _____ State _____ Zip Code _____
SS# _____

Officer Title _____
Name _____
Address 1 _____
Address 2 _____
City _____ State _____ Zip Code _____
SS# _____

Officer Title _____
Name _____
Address 1 _____
Address 2 _____
City _____ State _____ Zip Code _____
SS# _____

OFFICE USE ONLY

CLASSIFICATION FOR LICENSE _____

COST _____

COST _____

COST _____

Important Notice

- If you are the owner of a convenient store, hotels**, motels**, concession stand, department store, any other similar business, when reporting your gross receipts, please check below the classifications which apply to your business and **do not include sales for these classifications** in your gross receipt amount reported on your affidavit.
 - Beer sales
 - Wine sales
 - Ice Cream
 - Sandwiches
 - Sodas
 - Cigarettes
 - Auto Supplies
 - Gasoline
 - Music Merchandise
 - Bicycles
 - Video Games
 - Video Movies

** Hotels and motels please give number of rooms _____.

If you have any questions, call Jean McQueen, Customer Services Division
at 828-259-5584

City of Asheville

PRIVILEGE LICENSE AFFIDAVIT

Name and Mailing Address of Business:

This affidavit is for the purpose of determining the privilege license tax for the ensuing tax year. Privilege License tax year runs from July 1 to June 30 of the following year. The figure you report below should represent only those receipts generated within the corporate limits of the City of Asheville. If your location is in the city, it would include all of your gross receipts. **The gross receipts you list below should be for the previous tax year.** If you are taking over an existing business, please use their previous tax year figures. If this is a new business and you cannot determine gross receipts, please estimate by taking into account similar businesses, location, etc., a figure has to be given and this form **MUST** be signed.

Location of Business:

Gross Receipts

\$ _____, _____, _____ .00

Signature

Title

Please fill out in a legible manner! Thanks for your co-operation.

CITY OF ASHEVILLE
CUSTOMER SERVICES DIVISION
P. O. BOX 7148
ASHEVILLE, NC 28802

(828) 251-1122
(828) 259-5965 Fax

CITY OF ASHEVILLE

APPLICATION FOR LICENSE TO SELL BEER AND/OR WINE

(Pursuant to General Statute 105-13.80)

Date _____

MANAGER'S NAME AND ADDRESS _____

NAME AND LOCATION OF BUSINESS _____

APPLYING FOR LICENSE TO SELL:

_____ BEER—On Premises \$15.00 _____ BEER—Off Premises \$ 5.00
_____ WINE—On Premises \$15.00 _____ WINE—Off Premises \$10.00

I am a United States citizen and a resident of the state of North Carolina. I am over twenty-one (21) years of age, am of good moral character, and have not been convicted of a felony involving moral turpitude within the past three (3) years, or adjudged guilty of violating the prohibition laws, either State or Federal within the last two (2) years prior to filing of this application. I have been a bona fide resident of North Carolina for the preceding _____ years.

I hereby agree the business this license is applied for will be conducted under my immediate supervision.

Signature of Applicant

OFFICE USE ONLY

APPROVAL _____

DATE _____

**NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

4307 MAIL SERVICE CENTER
RALEIGH NC 27699-4307
(919) 779-0700 FAX: (919) 662-3583

INSPECTION/ZONING COMPLIANCE

IMPORTANT: Section 1, 2, and 3, of this form are to be completed by an Inspection/Zoning Official. To request inspections and zoning certifications, please contact the appropriate city or county building and fire inspection and zoning departments. 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.

Name of Applicant: _____

Trade Name of Business: _____

Address of Business: _____

City: _____ County: _____

Phone Number: () _____

APPLICANT'S DO NOT WRITE BELOW THIS LINE

BUILDING In Compliance Non-compliance* Not Applicable

Inspector's Signature and Title: _____

Phone Number: _____ Date of Inspection: _____

FIRE In Compliance Non-compliance* Not Applicable

Inspector's Signature and Title: _____

Phone Number: _____ Date of Inspection: _____

ZONING In Compliance Non-compliance* Not Applicable

Zoning Classification: _____

Permitted uses in this zone: _____

Zoning Official's Signature and Title: _____

Phone Number: _____ Date of Inspection: _____

* Please state reasons for noncompliance on reverse side of form.

**NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

4307 Mail Service Center
Raleigh, NC 27699-4307
(919) 779-0700 FAX: 662-3583

**LOCAL GOVERNMENT OPINION
for ALCOHOLIC BEVERAGE PERMITS**

**IF APPLICATION IS TO BE HAND DELIVERED,
APPLICANT SHOULD COMPLETE THIS SECTION ONLY**

Applicant's Name: _____
Trade Name of Business: _____
Former Trade Name (if any): _____
Business Address: _____
City/State: _____
Date of Birth: _____
NC Driver's License No. _____
Social Security No. _____

TYPE OF ABC PERMIT 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.

FACTORS IN ISSUING A PERMIT: Pursuant to NC 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. To be a suitable place, the establishment shall comply with all applicable building and fire codes.

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"/> |
| 3. Is the location in compliance with local zoning? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 4. Does the establishment comply with all building and fire codes? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |