



**CITY OF HAVELOCK
CRAVEN COUNTY, NORTH CAROLINA**

**APPLICATION FOR MALT BEVERAGE AND UNFORTIFIED WINE
MUNICIPAL LICENSE**

PURSUANT TO CITY CODE CHAPTER 110; NORTH CAROLINA GS 105-113.78

This institution is an equal opportunity provider and employer.

NAME OF BUSINESS _____

BUSINESS STREET ADDRESS _____

BUSINESS MAILING ADDRESS _____

BUSINESS TELEPHONE NUMBER _____

OWNER'S NAME _____

OWNER'S MAILING ADDRESS _____

OWNER'S TELEPHONE NUMBER _____

Applying for: Beer on premises _____ Beer off premises _____

Wine on premises _____ Wine off premises _____

(NOTE: COPY OF TEMPORARY NORTH CAROLINA ALCOHOL BEVERAGE PERMIT REQUIRED FOR NEW BUSINESS)

DATE BUSINESS OPENED _____

APPLICANT PLEASE PRINT NAME _____

FEDERAL ID # OR SSN _____

The undersigned, in application for Havelock Intoxicating Liquors License for the year, May 1, 20_ through April 30, 20_, after being duly sworn states:

1. The name and address of the applicant and the length of his/her residence within the State of North Carolina is:

2. The particular place for which the license is desired, designating the same by a street number, if practicable; if not, by such other apt description as definitely locates it is:

3. The name of the owner(s) of the premises under which the licensed business is to be carried on is (all owners must be listed):

4. The applicant intends to carry on the business authorized by the license for himself or under his immediate supervision and direction.
5. The applicant is a citizen and residents of North Carolina and has been for the past year and is not less than 21 years of age; further he/she has not been convicted of, or entered a plea of guilty or nolo contendere to, a felony or other crime involving moral turpitude within the past three (3) years or a violation of the liquor laws, either State or Federal within the past two (2) years.
6. Prior to this application, applicant has secured from the State Board of Alcoholic Control a Beer and/or Wine Permit for the twelve (12) months for which this license is sought and for the retail establishment listed in this application.

This the _____ day of _____, 20_____.

Applicant's Signature

Sworn to and subscribed before me this the _____ day of _____, 20_____.

Notary Public

My Commission Expires _____