

**CITY OF CLINTON
PO Box 199
Clinton NC 28329-0199
Phone # (910) 299-4909
Fax # (910) 592-7416**

**APPLICATION FOR ALCOHOLIC
BEVERAGE LICENSE**

Application must be completed, signed and returned with remittance before engaging in business.

Issuing this license does not relieve you of your obligation to abide by other local, state, or federal regulations regarding your business.

DATE: _____

TOTAL DUE: _____

TYPE OF LICENSE APPLIED FOR:

BEER OFF PREMISES (\$5.00) BEER ON PREMISES (\$15.00)

WINE ON PREMISES (FORTIFIED & UNFORTIFIED \$15.00)

WINE OFF PREMISES (FORTIFIED & UNFORTIFIED \$10.00)

MIXED BEVERAGES (NO ADDED CHG.)

NAME OF BUSINESS _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE # _____ FAX # _____

APPLICANT'S NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE # _____ SS. # _____ RACE _____

DATE OF BIRTH _____ NC RESIDENT? _____ HOW LONG? _____

DESCRIPTION OF BUSINESS

DOES OWNER INTEND TO OPERATE THE BUSINESS UNDER HIS IMMEDIATE SUPERVISION AND DIRECTION? YES NO

IF NOT, NAME OF PERSON WHO WILL BE IN CHARGE

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR CRIME INVOLVING MORAL TURPITUDE? YES NO

HAVE YOU EVER BEEN CONVICTED OF VIOLATING THE FEDERAL OR STATE PROHIBITION LAWS? YES NO

IF YES, WERE YOU CONVICTED AT ANY TIME DURING THE PAST TWO YEARS? YES NO

DID YOU COMPLETE SERVING A SENTENCE FOR ANY VIOLATION DURING THE PAST TWO YEARS? YES NO

HAVE YOU HAD ANY LICENSE TO SELL ALCOHOLIC BEVERAGES REVOKED DURING THE PAST TWO YEARS? YES NO

STATE LICENSE # _____
(attach copy of state license or licenses)

The undersigned applicant for license to sell wine or beer or both says that he/she is not under twenty-one years of age and that the answers to the above questions are true of his/her own knowledge and are made for the purpose of inducing the City of Clinton Finance Dept. to issue to the undersigned for the sale of such alcoholic beverages as indicated within the corporate limits of Clinton.

SIGNATURE OF APPLICANT _____

APPLICATION APPROVED BY _____
AUTHORIZED PERSON