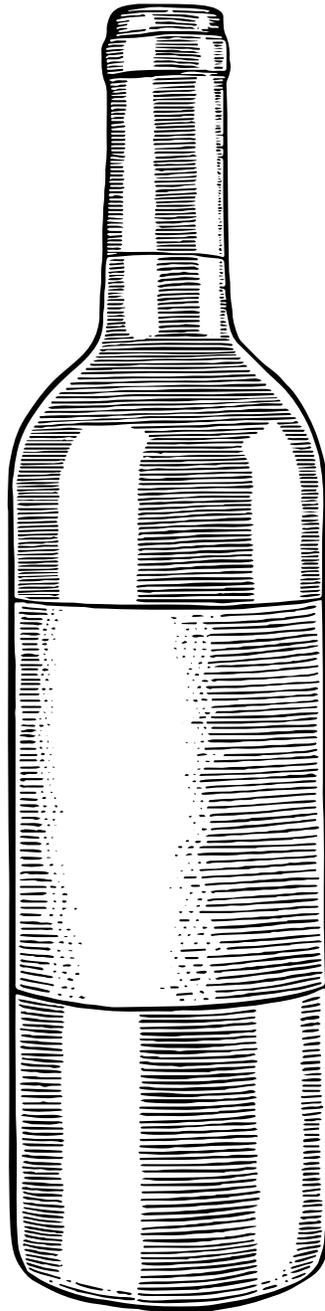


MALT BEVERAGE PACKET



Instructions to Obtain Local Permits and Approvals for ABC/Malt Beverage Permits Checklist

- Obtain Malt Beverage Packet and complete entire packet.
- Once you have completed the packet you will then need to submit to Building Inspections located on the ground floor.
- After your permits are issued, please remember to maintain all forms together and in place for the date of your scheduled inspection.
- Building Inspections and the Sanford Fire Department and or the Lee County Fire Marshal's Office (within City Limits, the Lee County, or the Town of Broadway) will need to be scheduled for inspection and approval.
- As soon as you have passed your inspections you will need to take your completed packet to the Sanford Police Dept. (located at 225 E. Weatherspoon Street) to obtain approval and or the Lee County Sheriff's Department (located at 1401 Elm Street) this determination depends on the district. Is the location within the County or City Limits?
- The Final Step to obtaining all local requirements would be to have an administrator within The City of Sanford's Customer Service Department to sign off. (Located at 225 E. Weatherspoon Street within the Water Dept.)
- Alcohol permits are controlled and issued by the North Carolina Alcoholic Beverage Control (ABC) Commission. More information on ABC alcohol permit requirements can be found on the ABC website or by phone at 919-779-0700.

City of Sanford | County of Lee | Town of Broadway
MALT BEVERAGE PERMIT APPLICATION
115 Chatham St., Suite 1, Sanford, NC 27330
Telephone (919) 718-4654, www.sanfordnc.net

You are hereby notified that the two following forms must be submitted before a malt beverage permit will be issued by this office:

1. Alcoholic Beverage Control Commission Inspection Zoning Compliance Form.
Their address is: 4307 Mail Service Center, Raleigh, NC 27699-4307.
Telephone Number: (919) 779-0700, Fax Number: (919) 662-3583.
2. City of Sanford Application for Licenses to Retail Malt Beverage available at the City of Sanford Revenue Department, 225 East Weatherspoon Street, Sanford, NC 27330.
Telephone Number: (919) 775-8215.

**** Square Feet:** _____

**** Number of Stories:** _____

MALT BEVERAGE PERMIT FEE: \$60.00

APPLICATION DATE: _____ PARCEL ID#: _____

ADDRESS OF BUSINESS: _____

BUSINESS NAME: _____

OWNER'S NAME (OF BUSINESS): _____

OWNER'S ADDRESS: _____

TELEPHONE NUMBER: _____

PLEASE NOTE: The Inspector will call the above listed telephone number to schedule the inspection.

I hereby certify that the information on this application is correct and that all work in connection with the above referenced job will be performed under my supervision and that such work complies with the requirements of the NC State Building Codes and applicable City of Sanford or Lee County Ordinances.

APPLICANT SIGNATURE

DATE

City of Sanford
FIRE PROTECTION | SPRINKLER PERMIT APPLICATION
 900 Cool Springs Rd, Sanford, NC 27330
 Telephone (919) 777-1302, www.sanfordnc.net

APPLICANT INFORMATION			
Application Date:		Stand Alone Permit	New Construction
Construction Address:		Parcel#:	
Owner Name:		Phone#:	
Owner Address:		Bldg. Permit#:	

CONTRACTOR INFORMATION			
Contractor Name:		Phone#:	
Contractor Address:		PIN#:	

Note: Need PIN# in order to mail in application!

PERMITTING FEES			
Basic Permit Fee <small>(Misc Items Not Listed Below)</small>	\$50.00	Plans Reviews	\$50.00 each plus \$0.02 per sq. ft.
Permit	Cost	Permit	Cost
Sprinkler Systems	\$50.00 plus \$0.02 per sq. ft.	Standpipes	\$50.00 plus \$0.02 per sq. ft.
Fire Alarm	\$50.00 plus \$0.02 per sq. ft.	Liquid or Gas Fueled Vehicles/Equipment	\$25.00 each
Paint Booths	\$100.00 each	Other Extinguishing Systems	\$100.00 each
Re-Test	\$100.00 each	Hood Systems	\$100.00 each
Spray/Dipping	\$100.00 each	Explosives	\$100.00 each
Burning Permits	\$100.00 each	ABC Inspections	\$100.00 each
Amusement Buildings	\$100.00 each	Covered Mall Buildings	\$100.00 each
Carnivals/Fairs	\$100.00 each	Flammable/Combustible Liquids	\$100.00 each
Tank Removal/Installation	\$100.00 each	Fumigation/Insecticide/Fogging	\$100.00 each
Temporary Membrane Structures	\$100.00 each	Combustible Dust Producing Operations	\$100.00 each
Exhibits & Trade Shows	\$25.00 each or \$250.00 annually	Private Fire Hydrant Removal	\$100.00 each
Fireworks Display	\$100.00 each *Plus Stand by Personnel		
Stand by Personnel	*\$40.00 per hour per Firefighter plus \$250.00 per engine *Minimum of 4 men Engine Company, billed for each hour or portion thereof.		
Total Fees			

PLEASE NOTE: IF THE QUALIFIER OF THE LICENSE BELOW WILL NOT APPEAR IN PERSON TO OBTAIN PERMIT, THE OPPOSITE SIDE THIS APPLICATION MUST BE COMPLETED!

I hereby certify that the information on this application is correct and that all work in connection with the above reference job will be performed under my supervision and that such work complies with the requirements of the NC State Building Codes and applicable City of Sanford or Lee County Ordinances.

Contractor/Applicant

Date

License Number

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:** 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.*

SECTION A - APPLICANT TO COMPLETE

Name of Applicant _____
Trade Name of Business _____
Address of Business _____
City _____ County _____
Phone # _____ (____) _____

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 _____

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 _____

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 _____

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

NO FEE

Application No.: ABC- ___ - ___
Energov Case No. for the Permitted Use:

CITY OF SANFORD | LEE COUNTY | TOWN OF BROADWAY
115 Chatham Street, Sanford, NC 27330
TELEPHONE: (919) 718-4654 FAX: (919) 718-4637

SUPPLEMENTAL ZONING APPLICATION FOR ALCOHOL SALES

1. Planned Use of Property: _____
2. Property Address: _____
3. Zoning District: _____
4. Parcel Identification Number (PIN#)? _____
5. What is the name of the establishment? _____
6. Business Owner Name: _____
7. Business Owner Address: _____
8. Business Owner Telephone Number: _____ Email: _____
9. Applicant Name: _____
10. Applicant Address: _____
11. Applicant Telephone Number: _____ Email: _____
12. Will this establishment serve liquor by the drink? _____
13. Will this establishment sell bottled beer and/or wine? _____ On or Off-premise (circle)
14. Will this business operate as a ...?
 - A. Nightclub ___ Yes ___ No
 - B. Private Club ___ Yes ___ No
 - C. Adult Establishment ___ Yes ___ No

If you answer yes to number 14, an Entertainment Establishment Permitted Use Certification must be completed and submitted with this form for all land uses falling within the Entertainment Establishment category. If the proposed use is an Adult Establishment, the zoning official must verify that it is permitted at the proposed location and additional paperwork may be required.

I, the undersigned person, hereby acknowledge that I have read this application and hereby certify that all of the information presented in this application is accurate to the best of my knowledge, information, and belief. It is understood that any permits issued hereafter are subject to suspension or revocation if the intended use change, or if the information in this application is falsified or changed.

Applicant, Print Name/ Signature

Date

NO FEE

Application No.: ABC- ____ - ____
Energov Case No. for the Permitted Use:

CITY OF SANFORD | LEE COUNTY | TOWN OF BROADWAY

115 Chatham Street, Sanford, NC 27330

TELEPHONE: (919) 718-4654 FAX: (919) 718-4637

**ENTERTAINMENT ESTABLISHMENT PERMITTED
USE CERTIFICATION**

I, _____ hereby state that I understand that the property located at _____, identified as Lee County Tax Parcel _____ is currently zoned _____ district and that this zoning classification does **not** allow the operation of any type of "adult establishment" as outlined in Article 4, Table 4.6-1, Permitted Use Matrix, of the Sanford/Broadway/Lee County Unified Development Ordinance (UDO).

I hereby state that the structure that I am occupying will be used solely for an "entertainment establishment" as outlined in Article 4, Table 4.6-1, Permitted Use Matrix of the Sanford/Broadway/Lee County Unified Development Ordinance (UDO). I understand that the use of this property for any purpose other than which I have been approved will constitute a violation of the Sanford/Broadway/Lee County Unified Development Ordinance (UDO) and upon conviction, I may be fined an amount not exceeding \$100.00 per day for each day the violation exists.

Business Owner, Print Name/ Signature

Date

I, _____, a Notary Public of _____ County, North Carolina, certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and official seal, this the _____ day of _____, _____.

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES

(SEAL)



City of Sanford

Application for Licenses to Retail Alcoholic Beverages

I, _____ do hereby make this application to the Sanford

First Name Middle Name Last Name

City Council for a license to retail alcoholic beverages in conformity to provision of G.S. 18B.

Relationship to Organization: Owner Manager Officer Director Other

Place of Birth: _____ Date of Birth: _____

Length of Residence in North Carolina _____
Years Months

Resident Address: _____
Street City State Zip

Home Phone: _____ Mobile Phone: _____

Type of Organization: Individual Partnership Corporation

Corporate Business Name: _____ Federal Tax ID: _____

Trade Name of Business: _____

Location Address of Business: _____
Street City State Zip

Business Phone: _____ Business Hours: _____

Owner of Premises Name: _____

Address of Owner of Premises: _____

I certify that the business to be authorized by the license applied for shall be carried on by myself or under my immediate supervision. I further certify that I am not less than 21 years of age, that I am of good moral character and have not, within the three years next preceding the filing of this application, been convicted of or entered a plea of nolo contendere to a felony or other crime involving moral turpitude; I further certify that I have not within the two years next preceding the filing of this application been adjudged guilty of violating the prohibition or liquor laws, either State or Federal. I certify that I have been a bonafide resident of North Carolina for a period of at least one year immediately preceding the date of filing of this application. (Residency requirement not applicable to officers or directors of a corporation.) I certify that I am the actual and bonafide lessee, or owner of the premises for which permit is requested; that the building conforms to all laws of health and fire regulations applicable thereto, and is a safe and proper building. I certify that I have never been deprived of my citizenship due to a conviction of a felony without having my citizenship restored. In consideration of the foregoing provisions and statements by me, which I declare under oath to be true, I respectfully request that license be issued.

Signature of Applicant

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

Notary: _____

My commission expires: _____

(SEAL)

Beer and Wine Fee Schedule *

	Malt Beverage (Beer)	Wine	Total
On Premise	\$15.00	\$15.00	\$30.00
Off Premise	\$5.00	\$10.00	\$15.00

•Fee must be paid with application and is nonrefundable. Make checks payable to City of Sanford.

For Official Use Only

	Approved	Disapproved	
Police Department	<input type="checkbox"/>	<input type="checkbox"/>	By: _____ Date: _____
Fire Department	<input type="checkbox"/>	<input type="checkbox"/>	By: _____ Date: _____
Inspections Department	<input type="checkbox"/>	<input type="checkbox"/>	By: _____ Date: _____
Customer Service Department*	<input type="checkbox"/>	<input type="checkbox"/>	By: _____ Date: _____

Contact Information for approvals:

Police Department

225 E Weatherspoon St (Bottom Level)
Sanford, NC 27330
(919) 777-1000

Fire Department

900 Cool Springs Rd (Central Fire Station)
Sanford, NC 27330
(919) 777-1302
Contact: Deputy Fire Marshal

Inspections Department

115 Chatham St (Ground Floor)
Sanford, NC 27330
(919) 718-4654

Customer Service Department

225 E Weatherspoon St (Top Level)
Sanford, NC 27330
(919) 775-8215
Contact: Assistant Customer Service Manager

**Bring application notarized with Police, Fire, and Inspections Department approval signatures, NCABC Commission Temporary Permit, and payment to the Customer Service Department for final approval.*