



Special Event on Privately Owned Property

REQUIRED:

- A. Completed Application
- B. Site plan showing layout of event and adequate parking spaces (based on 2 persons per vehicle)
- C. Copy of any form of public event advertisement
- D. ABC Permit (if alcohol will be served)*
- E. \$50.00 application fee

REVIEW AND APPROVAL:

1. The application form and ALL other required documentation must be submitted to the Planning Department **AT LEAST ten (10) business days** prior to the event.
2. The application will be reviewed by Planning Department staff and forwarded to all relevant Town departments for review and comments.
3. If the event is approved, a Special Event Permit will be issued to the applicant upon receipt of the \$50.00 permit fee.

ADDITIONAL INFORMATION:

* **A Special One-Time Permit** from the ABC Commission is required if alcohol will be served or sold at the event (including those sponsored by a nonprofit) and/or if there are any charges associated with attending the event. This includes events hosted by nonprofit organizations.

* **A Limited Special Occasion Permit** from the ABC Commission is required if fortified wine and spirituous liquor is going to be brought onto the premises of a business (i.e. event venue) will be served to guests at a reception, wedding, party or other special occasion. The permit may be issued to any individual other than the owner or possessor of the premises. A permit is not required if only unfortified wine and beer will be served but may be requested by the property owner.

PLEASE NOTE: Special Event Permits will not be reviewed until ALL required documentation has been submitted.

PLANNING DEPARTMENT
TOWN OF SOUTHERN PINES
180 SW BROAD STREET
SOUTHERN PINES, NORTH CAROLINA 28387
plan@southernpines.net (910) 692-4003 www.southernpines.net



Special Event on Privately Owned Property

Fee: \$50.00 Date Paid: _____ Permit #: _____

REQUIRED:

- A. \$50.00 permit fee upon application approval
- B. Site plan showing layout of event and adequate parking spaces (based on 2 persons per vehicle)
- C. Copy of any form of public event advertisement
- D. ABC Permit, if applicable*

EVENT DETAILS:

Date: _____ Hours of Event: _____ # of Guests: _____

Type of Event: _____ Will alcohol be served*: _____

Location: _____ Public, business or private property: _____

Applicant: _____ Phone: _____ Email: _____

Mailing Address: _____

Property Owner(s): _____ Phone: _____ Email: _____

Mailing Address: _____

***If the event includes the consumption of any alcoholic beverages, the permit may be issued only if the applicant demonstrates that any selling or distributing of the beverages on public property is not for profit and has secured all applicable permits and approvals required by the State of North Carolina at the time of submittal of the Special Use Permit Application. UDO §5.18(D)**

Date

Signature of Applicant

Date

Signature of Property Owner (if a business location)

APPROVED:

Date

Zoning Official

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**NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

**Location: 400 EAST TRYON ROAD
RALEIGH NC 27610
(919)779-0700**

abc.nc.gov

AMOUNT FEE PAID: _____
DATE: _____
RECEIVED BY: _____
TEMP. #: _____

APPROVED
REJECTED
BY: _____
DATE: _____

(Do Not Write Above This Line)

**SPECIAL ONE-TIME PERMIT APPLICATION
FOR SALE OF ALCOHOLIC BEVERAGES**

Application Instructions:

- A. Complete this application in its entirety. (Please print.)
- B. Applicant's signature must be notarized.
- C. The fee for a Special One-Time permit is \$50.00.
- D. The fee must be submitted by certified check, cashier's check, or money order, and made payable to the North Carolina Alcoholic Beverage Control Commission.
- E. The permittee shall notify local law enforcement and have the notification signed by law enforcement. (On back of form.)
- F. The completed application must be submitted **at least 14** days prior to event occurrence.

I hereby make application to the North Carolina Alcoholic Beverage Control Commission for a Special One-Time permit allowing the sale or service of alcoholic beverages at the event described below:

Please check applicable box(es):

I (We) are a : Nonprofit or Political Organization, requesting authorization to Sell or Serve at a ticketed event the following:

- | | |
|---|--|
| <input type="checkbox"/> Malt beverages | <input type="checkbox"/> Spirituous Liquor |
| <input type="checkbox"/> Wine | <input type="checkbox"/> Permit brownbagging |

The following documents are required:

- 1. Lease or rental agreement between nonprofit organization and owner of the premises.
- 2. Diagram of the actual premises showing all entrances, exits, bar areas, and where consumption and/or sale will take place.
- 3. Documentation to show that the organization is exempt from taxation under the appropriate subsection of Section 501(c) of the Internal Revenue Code or is exempt under similar provisions of Chapter 105 of the North Carolina General Statutes.
- 4. Purpose of fund-raiser and recipient of funds raised.
- 5. Certified copy of criminal record check must be submitted for individual applying for a special one-time permit.
- 6. A political party as defined in NC General Statute 163-96(a)(1) or (2) or a campaign organization which has properly filed and has had a person certified as a candidate . Statute 163-1.

NAME OF ORGANIZATION OR CANDIDATE: _____

LOCATION: Where event or transaction will take place

Name of Building: (if applicable) _____

Address: _____

COUNTY: _____ If event is being held inside the city limits, indicate city: _____
(In which event is to be held)

MAILING ADDRESS FOR PERMIT: _____

DATE(S) OF EVENT: _____ Estimated Attendance _____

TIME OF EVENT: Beginning _____ Ending _____

PERSONAL INFORMATION OF INDIVIDUAL REPRESENTING THE ORGANIZATION OR CANDIDATE:

First (no abbreviations)	Middle	Last	
Date of Birth			
Applicant's Home Address	City	State	Zip Code
()	()	()	()
Home Telephone #	Business Telephone #	FAX #	
Email: _____ (please print clearly)			

NOTIFICATION TO LOCAL LAW ENFORCEMENT:

To be completed by an officer of the Sheriff's Office, if event is held in the County, or completed by an officer of the Police Department, if event is held in the City.

Name of Officer	Signature of Officer
Department of Officer	() Telephone #
Comments	

It is a Crime to make a false statement to obtain an ABC Permit

I CERTIFY UNDER OATH OR AFFIRMATION THAT:

- I am not less than 21 years of age.
- I have not been convicted of a misdemeanor controlled substance offense or alcoholic beverage offense within the past two years.
- I have not been convicted of a felony within the past three years, and if convicted of a felony before then, I have had my citizenship restored.
- I have not had an alcoholic beverage permit revoked within the past three years.
- All of the information supplied by me in this application is complete and accurate.
- I understand that ABC law prohibits any type of gambling activities or equipment upon my licensed premises (even if not for profit).
- I, or my agent, will personally supervise the sale of alcoholic beverages and abide by all ABC laws.
- I understand that failure to abide by the ABC laws may result in the immediate revocation of my privilege to sell/serve alcohol.

Signature of Applicant

Sworn to and subscribed before me this the _____
Day Month Year

My commission expires: _____
Signature of Notary

MAIL THIS APPLICATION TO:

If sending by U.S. Postal Service
(regular mail):

NC ABC COMMISSION
ATTN: PERMIT & PRODUCT COMPLIANCE
4307 MAIL SERVICE CENTER
RALEIGH, NC 27699-4307

If sending by U.S. Postal Service
EXPRESS MAIL or by FEDEX/UPS:

NC ABC COMMISSION
ATTN: PERMIT & PRODUCT COMPLIANCE
400 EAST TRYON ROAD
RALEIGH, NC 27610

NORTH CAROLINA ALCOHOLIC BEVERAGE CONTROL COMMISSION

Location: 400 EAST TRYON ROAD
RALEIGH NC 27610
(919)779-0700

AMOUNT FEE PAID: _____
DATE: _____
RECEIVED BY: _____
TEMP. #: _____

MAIL TO ADDRESS ON BACK OF FORM

APPROVED
REJECTED
BY: _____
DATE: _____

(Do Not Write Above This Line)

APPLICATION FOR LIMITED SPECIAL OCCASION PERMIT

- A. Complete the application by printing in ink.
- B. Application must be notarized.
- C. Fee is \$50.00 submitted by certified check, cashier's check or money order made payable to the NC ABC.
- D. Submit a copy of the lease/rental agreement or complete "Lease Information Box" on the back of this form.
- E. Submit a **certified copy** of the applicant's Criminal Record. Can be obtained from the Clerk of Court in the county where the applicant resides.
- F. The completed application must be submitted **at least 14** days prior to the event occurrence.

I hereby make application for a Limited Special Occasion permit which authorizes me to transport, possess, and serve fortified wine and spirituous liquor to my guests at a reception, party, or other special occasion. The event will be held on the premises of a business with the permission of the owner of the property.

Check One: Individual Partnership Corporation
 Limited Partnership Limited Liability Company

County: _____ Date: _____
(in which event takes place)

Individual's Full Name: _____
First (no abbreviations) Middle Last

Date of Birth: _____ Social Security # _____ (last four digits only)

If representing corporation, give corporation name: _____

Trade Name of Location where event held: _____

Location of event: _____
Street/Route City State Zip Code

Special Event: _____
Date Time Event Begins Date Time Event Ends

Note: A Limited Special Occasion permit allows the host of a function to furnish liquor and fortified wine to invited guests, free of charge. Guests are not permitted to bring their own liquor. There can be no charge to attend the function. Any money collected constitutes an illegal sale of alcohol, and violators will be subject to criminal prosecution. If any violence occurs, you must contact local law enforcement.

I have read and agree. Signature: _____ Type of Event: _____

IF PERMIT IS TO BE MAILED BY COMMISSION, GIVE NAME AND MAILING ADDRESS:

NAME: _____

MAILING ADDRESS: _____

APPLICANT INFORMATION

Resident Address: _____
Street/Route City State Zip Code

Home Telephone #: () _____ Business Telephone #: () _____

Daytime Telephone #: () _____ Fax #: () _____ email address _____

I CERTIFY UNDER OATH OR AFFIRMATION THAT:

- I am not the owner or possessor of the premises applied for.
- I am not less than 21 years of age.
- I have not been convicted of a misdemeanor controlled substance offense or alcoholic beverage offense within the past two years.
- I have not been convicted of a felony within the past three years, and if convicted of a felony before then, I have had my citizenship restored.
- I have not had an alcoholic beverage permit revoked within the past three years.
- I have the written permission of the owner of the property to serve alcoholic beverages.
- The information on this application is correct to the best of my knowledge.
- I understand that failure to abide by the ABC laws may result in the immediate revocation of my privilege to possess or serve alcohol.

Signature of Applicant _____

Sworn to and subscribed before me this the

_____ Day Month Year

My commission expires: _____

Signature of notary or other person qualified by law to administer oaths

Lease Information			
As owner/lessee of the premises, I have no objection to: _____			
			LSO Applicant
receiving a Limited Special Occasion Permit for use on said premises on the			
date of _____			
Day	Month	Year	
_____		_____	
Owner/Lessee Signature		Telephone #	
_____		_____	
() _____		_____	
Business Telephone #		Date	

MAIL THIS APPLICATION TO:

If sending by U.S. Postal Service (regular mail):

**NC ABC COMMISSION
4307 MAIL SERVICE CENTER
RALEIGH NC 27699-4307**

If sending by U.S. Postal Service EXPRESS MAIL or by FEDEX/UPS:

**NC ABC COMMISSION
400 EAST TRYON ROAD
RALEIGH NC 27610**