



**Office of the Chief of Police
Forest City Police Department
187 South Church Street
P.O. Box 552
Forest City, NC 28043
Office: (828) 245-5555
Fax: (828) 248-5206**

June 1, 2020

To: ABC Applicant
From: Chief C. J. LeRoy
Re: ABC Application Process for the Town of Forest City

The Forest City Police Department will be the initial point of contact for ABC applicants. The applicant can pick up the ABC packet at Forest City Police Department during regular business hours Monday through Friday from 8:00 am until 5:00 pm. The Town of Forest City ABC packet will contain a copy of this instructional letter, a form entitled, "Attachment to Local Government Opinion Form 001 for Alcoholic Beverage Permits" and a letter from the Utility Department Concerning waste collection and recycling services.

The applicant will have already received a number of forms from the local ABC office before coming to the Forest City Police Department. The town investigative process will begin when the applicant returns all of the required documentation to the police department, which are as follows:

- NC ABC Commission form entitled, "Local Government Opinion for Alcoholic Beverage Permits";
- FCPD form entitled, "Attachment to Local Government Opinion Form 001 for Alcoholic Beverage Permits";
- NC ABC Commission form entitled, "Inspection/Zoning Compliance Form (Applicants are only required to fill out section A of the form);
- Town of Forest City Utility Department concerning waste collection and recycling services;
- Copy of the Deed of Ownership or Rental/Lease Agreement; and
- A Criminal History Record Check from the Clerk of Court from any county that you have lived in during the past 5 years.

Instructions for completing FCPD form entitled, "Attachment to Local Government Opinion Form 001 for Alcoholic Beverage Permits". The attachment shall contain:

- First, middle and last name of applicant. The following persons will be required to submit their names on the attachment sheet:

- The owner of a sole proprietorship;
- Each member of a firm, association or general partnership;
- Each general partner in a limited partnership;
- Each manager and any member with a twenty-five percent or more interest in a limited liability company;
- Each officer, director and owner of twenty-five percent or more of stock of a corporation.
- The manager of an establishment operated by a corporation other than an establishment with only off-premise malt beverage permits, off-premise unfortified wine or off-premise fortified wine permits;
- Any manager who has been empowered as attorney-in-fact for a non resident (North Carolina) individual or partnership.

- Applicant address;
- Business name;
- Business mailing address;
- Type of ownership;
- Permits applicants are being applied for;
- Position held in corporation (President, Vice President, Secretary, Treasurer, etc.);
- Most recent past business name of location where you are applying;
- Past Criminal Convictions of Applicants

The information requested in the FCPD attachment is the same information you will be required to supply on the application for your ABC permit. This will assure we obtain the information needed for making a timely determination as to the suitability of an applicant to hold ABC permits. Once we have completed paperwork we will then complete your fingerprints for the applicants.

The investigative process will take about ten (10) business days to complete. You will be contacted by representatives from Forest City Police Department and the Inspections Department. The inspections department will need to schedule a time to conduct the building, fire and zoning inspections. Should there be any violations with this inspection, the violations must be corrected prior to the inspector signing off as being in compliance. When the investigative forms have been completed and are ready for pickup, the representative identified on your paperwork will be contacted. The paperwork will be accessible for pickup during regular business hours Monday through Friday.

Thank you for your assistance and cooperation. The timeliness of the ABC investigation process will be directly related to the complexity of your application. Should you have any questions concerning this process, please feel free to contact Mrs. Lacey Euten at (828) 248-5232.



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Forest City Police Department
187 South Church Street
P.O. Box 552
Forest City, NC 28043
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Attachment to Local Governmental Opinion Form 001 for Alcoholic Beverage

Name of Business: _____

Business Address: _____

Mailing Address: _____

(If same as business location, please leave blank)

Type of Permits Applying For: _____

(On/Off Premises: Mixed Beverage, Malt Beverage, Unfortified Wine, Fortified Wine, etc.)

Former Business Name of Location: _____

Type of ownership: *(Please circle appropriate ownership type)*

Individual

Partnership

Corporation

Limited Partnership

Limited Liability Company

Applicant Name: _____ Phone: _____

Applicant Address: _____

Applicant Mailing Address: _____

Applicant Driver's License Number: _____ State of Driver's License Issue: _____

Applicant Position Held: _____

(Owner, President, Vice President, Secretary, Treasurer, etc.)

Applicant 2

Applicant Name: _____ Phone: _____

Applicant Address: _____

Applicant Mailing Address: _____

Applicant Driver's License Number: _____ State of Driver's License Issue: _____

Applicant Position Held: _____
(Owner, President, Vice President, Secretary, Treasurer, etc.)

Applicant 3

Applicant Name: _____ Phone: _____

Applicant Address: _____

Applicant Mailing Address: _____

Applicant Driver's License Number: _____ State of Driver's License Issue: _____

Applicant Position Held: _____
(Owner, President, Vice President, Secretary, Treasurer, etc.)

Applicant 4

Applicant Name: _____ Phone: _____

Applicant Address: _____

Applicant Mailing Address: _____

Applicant Driver's License Number: _____ State of Driver's License Issue: _____

Applicant Position Held: _____
(Owner, President, Vice President, Secretary, Treasurer, etc.)

Has any of the applicant(s) ever been charged with a criminal offense? _____

If yes, in the space below, please list the name of the applicant charged, date of charge, offense charged and the offense of conviction.

Charge 1

Applicant Charged: _____ Date of Charge: _____
Offense Charged: _____ Convicted: Yes/No
Offense Convicted: _____ Date Convicted: _____

Charge 2

Applicant Charged: _____ Date of Charge: _____
Offense Charged: _____ Convicted: Yes/No
Offense Convicted: _____ Date Convicted: _____

Charge 3

Applicant Charged: _____ Date of Charge: _____
Offense Charged: _____ Convicted: Yes/No
Offense Convicted: _____ Date Convicted: _____

Charge 4

Applicant Charged: _____ Date of Charge: _____
Offense Charged: _____ Convicted: Yes/No
Offense Convicted: _____ Date Convicted: _____

Signature of person making application

By signing above, the applicant is certifying all the information supplied in the Local Government Opinion Form 001 and the attachment is complete and correct. Applicant's falsification or failure to report required information will lead to delays in the application process and to an objection being filled by Town of Forest City.

**NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

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

**LOCAL GOVERNMENT OPINION
for ALCOHOLIC BEVERAGE PERMITS**

APPLICANT SHOULD COMPLETE THIS SECTION ONLY

Applicant's Name _____
Corporate or LLC Name *(if applicable)* _____
Trade Name of Business _____
Former Trade Name *(if any)* _____
Business Address _____
City/State _____
Date of Birth _____
NC Driver's License # _____
Last 4 of Social Security # _____

TYPE OF ABC PERMIT(S) 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 Deirdre Bright
Title Commissioner
City/County Town of Forest City
Address 128 N. Powell Street, Forest City, NC 28043
Contact Telephone # 828-247-4426

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 Officials are expected to process this form within 15 days of receipt. The applicant will be required to provide proof of mandatory compliance with all applicable building and fire codes. The Inspection/Zoning Compliance form (Form 002) is for this purpose and will be completed by the appropriate local agencies.

FACTORS IN ISSUING A PERMIT: Pursuant to N.C.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.

PLEASE INDICATE YOUR ANSWER TO THE FOLLOWING:

Do you approve of the applicant and location for the ABC permit?

YES _____ Applicant _____ NO _____ Applicant _____
Location _____ Location _____

Disapprovals: Pursuant to N.C.G.S. 18B-901 (b), to be considered by the ABC Commission, the objections shall state the facts upon which it is based. If you have indicated disapproval by answering "NO", please explain your reason(s) based on the factors outlined in N.C.G.S. 18B-901(c) on the attached page. Use extra sheets if additional space is required and attach all records and/or documents used to arrive at your decision. The mere indication of "NO" without an explanation is an insufficient basis for rejection and cannot be considered by the Commission.

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Signature of Designated Official _____ Date _____

ABC Commissioner

Title of Designated Official _____

State of North Carolina

Rutherford County

Deirdre Bright

Being duly sworn says that the contents of the foregoing Local Government Opinion are true to his/her own knowledge, except as to matters stated on information and belief, and as to those matter(s) he/she believes them to be true.

Sworn to and subscribed before me this:

Day Month Year

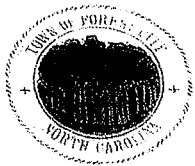
(Notary Public's Signature)

18B-901(c)

Factors in Issuing Permit

Before issuing a permit, the Commission shall be satisfied that the applicant is a suitable person to hold an ABC permit and that the location is a suitable place to hold the permit for which the applicant has applied. To be a suitable place, the local governing body shall return a Zoning and Compliance Form to the Commission on a form provided by the Commission to show the establishment is in compliance with all applicable building and fire codes and, if applicable, has been notified that it is located in an Urban Redevelopment Area as defined by Article 22 of Chapter 160A of the General Statutes and as required by G.S. 18B-904(e)(2). Other factors the Commission shall consider in determining whether the applicant and the business location are suitable are all of the following:

- (1) The reputation, character, and criminal record of the applicant.
- (2) The number of places already holding ABC permits within the neighborhood.
- (3) Parking facilities and traffic conditions in the neighborhood.
- (4) Kinds of businesses already in the neighborhood.
- (5) Whether the establishment is located within 50 feet of a church, public school, or any nonpublic school as defined by Part 1 or Part 2 of Article 39 of Chapter 115C of the General Statutes.
- (6) Zoning laws.
- (7) The recommendations of the local governing body.
- (8) Any other evidence that would tend to show whether the applicant would comply with the ABC laws.
- (9) Whether the operation of the applicant's business at that location would be detrimental to the neighborhood, including evidence admissible under G.S. 150B-29(a) of any of the following:
 - a. Past revocations, suspensions, and violations of ABC laws by prior permittees related to or associated with the applicant, or a business with which the applicant is associated, within the immediate preceding 12-month period at this location.
 - b. Evidence of illegal drug activity on or about the licensed premises.
 - c. Evidence of fighting, disorderly conduct, and other dangerous activities on or about the licensed premises.



TOWN OF FOREST CITY
Building and Zoning Department
 P.O. Box 728, 128 North Powell Street
 Forest City, North Carolina 28043
 Phone (828) 248-5239 Fax (828) 245-6143

BUSINESS/COMMERCIAL ZONING PERMIT APPLICATION

Permit # _____ Application Date: _____ Issuance Date: _____ Zoning: _____

THIS SECTION MUST BE FILLED OUT COMPLETELY BY APPLICANT

PLEASE PRINT

Business Name: _____

Service Location: _____

Type Business: _____

Description of Business: _____

Applicant: _____ Contact Person: _____

Address: _____

Phone # (_____) _____ Mobile # (_____) _____

Building Owner Name: _____ Contact Person: _____

Address: _____

Phone # (_____) _____ Mobile# (_____) _____

ABC Permit: Yes _____ No _____ On or Off Premise Sales: Yes _____ No _____
 (If yes, you will need to apply for an ABC License with the Inspection Department before a permit can be issued)

Dimensions of Building: Width _____ Length _____ Height _____ Building Area _____

Days of Operations: S ___ M ___ T ___ W ___ T ___ F ___ S ___

Hours of Operation: _____

Number of Parking spaces: _____ Number of Handicap Parking Spaces: _____

Seating Capacity: _____ (If Fixed Seating Provided)

PERMISSION TO ENTER LAND

I furthermore certify that all information provided is correct and that I am authorized to grant and do in fact, grant permission to the local zoning officer and local building inspector and his agents, to enter on the property noted on the Forest City permit(s) for the purpose of this inspection.

This is the _____ day of _____, 20 _____

 Signature of landowner or person authorized to act as his/her agent.

APPROVAL

Zoning Official _____ Date: _____

MUST BE APPROVED BY ZONING OFFICIAL BEFORE UTILITY APPLICATION CAN BE ACCEPTED

**NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

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

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

Is business located in an Urban Redevelopment Area (Article 22 of Chapter 160A) Yes No

If "Yes", has establishment been given notice that it is in an Urban Redevelopment Area and must comply with the requirements of N.C.G.S. 18B-309 Yes No

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.

SECTION E - *Noncompliance*

REASONS FOR NONCOMPLIANCE	DATE CORRECTED



Town of Forest City

P.O. Box 728

Forest City, NC 28043

Date: _____

Business Name: _____

Service Address: _____

To Whom It May Concern:

The Town of Forest City contracts Republic Services to do the Waste Collection and Recycling Services for the business at the address listed above. For further information on what will be picked up, you can contact Jamie Hicks at Republic Services at (828) 919-3267.

Thank you,

Sherry McNeilly
Town of Forest City
Utility Department