



ABC COMPLIANCE APPLICATION

CITY OF HIGH POINT

211 S. Hamilton St., High Point, NC 27260, Suite 316

Phone 336-883-3151

Please complete and submit the checklist, application, and all necessary supporting documentation to obtain a permit. Submitting complete and accurate information at the beginning will result in more efficient processing of your request.

Submittal Requirements

Staff Use	✓ or NA	All requests <u>shall</u> include:
		Enter ✓ or NA in column to the left ✓=Provided NA=Not Applicable
		Inspection/Zoning Compliance Form - Section A of this form must be completed. The form is maintained by the NC Alcoholic Beverage Control Commission. The form is available at https://www.abc.nc.gov/permits/inspection-zoning-compliance-formpdf • Zoning Compliance is determined by Planning staff in the office. • Fire and Building Code Compliance is determined by field visits by city staff.
		Completing Fields (General)
		Detailed Description: Provide clear and accurate information regarding the ABC Permit request. Your description should include details for the following (if applicable): • Current/Proposed use of the building (i.e. restaurant, convenience store, etc.). • Will the alcoholic beverages be sold for off-site consumption (sealed containers) or on-site consumption (poured/open bottles). • What was the previous use of the property. • Identify if there are other related permits for this location (i.e. Change of Occupancy, Alteration, New Building, etc.).
		Contact Information: If you need assistance or have question regarding this application please contact us at: Planning and Development Department Development Services Center 211 S. Hamilton St., Suite 316, High Point, NC 27260 Phone: 336-883-3151 Fax: 336-883-8518 Email: permits@highpointnc.gov For more information on ABC Compliance: http://www.buildhighpoint.com/200/Zoning-Compliance Current Fee Schedule: http://www.buildhighpoint.com/feeschedule

GENERAL INFORMATION - PART 1

PROJECT INFORMATION (All fields in this section are required)

Project Address: _____

Project or Business Name: _____

Detailed Description (see completing fields section above): _____

APPLICANT INFORMATION (All <u>applicable</u> fields in this section are required)	
Applicant Name: _____	
Address: _____	
City/State/Zip: _____	
Phone: _____	Email/Fax: _____
Status of Applicant: ☐ Property Owner; ☐ Tenant; ☐ Legal Representative; Other: _____	

AUTHORITY TO FILE APPLICATION		
Required	I hereby agree to conform to all applicable laws and regulations of the City of High Point, applicable County and State of North Carolina (as may be applicable to my request), and certify that the above information and accompanying documents are complete, true and accurate to the best of my knowledge. In addition, I acknowledge that by filing this application, representatives from the City of High Point Planning and Development Department may enter the subject property for the purpose of investigation and analysis of this request. Applications will not be accepted without signature(s).	
	Print Applicant Name	Applicant Signature