



APPLICATION FOR BEVERAGE LICENSE

Guilford County Tax Department

A separate application must be completed for each location.

1. Business Name: _____
2. Trading As: _____
3. Business Mailing Address: _____
4. Business Location Address: _____
5. Business Telephone: _____
6. Type of Business: _____
7. Is this a Renewal? Yes No
8. Owner of Premises: _____
9. Indicate Type of License Required:
 Beer On Unfortified Wine On Fortified Wine On
 Beer Off Unfortified Wine Off Fortified Wine Off
10. If business is located inside the city, indicate City
License Status: Issued In process of Issuance
11. If business is located outside the city, indicate distance
from nearest School or Church:
12. **STATE ABC PERMIT NUMBER: (REQUIRED INFORMATION)**

Beer: _____ Unfortified Wine: _____

Fortified Wine: _____

EXAMPLE OF YOUR STATE ABC PERMIT NUMBER FOR QUESTION 12 ABOVE:

00061648AJ

00061648AN

00061648AL

Signature of Applicant

Date

Please mail your payment with this application to:

**Guilford County Tax Department
400 West Market Street
PO Box 3138
Greensboro, NC 27402**