



CITY OF SALUDA

NORTH CAROLINA

Alcoholic Beverage License Application

*Application must be completed, signed and returned with remittance before engaging in business.
Issuing this license does not relieve you of your obligation to abide by other local, state, or federal regulations regarding your business.*

DATE: _____

TOTAL DUE: _____

TYPE OF LICENSE:

- | | | |
|-------------------------|----------------------------------------------|---------------------------------------------|
| BEER: | <input type="checkbox"/> OFF PREMISE \$10.00 | <input type="checkbox"/> ON PREMISE \$30.00 |
| UNFORTIFIED WINE: | <input type="checkbox"/> OFF PREMISE \$10.00 | <input type="checkbox"/> ON PREMISE \$30.00 |
| MIXED BEVERAGES: | | <input type="checkbox"/> ON PREMISE \$30.00 |
| NEW APPLICATION: | <input type="checkbox"/> \$50.00 | |

NAME OF BUSINESS _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS PHONE # _____ FAX # _____

APPLICANT'S NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE # _____ LAST 4 SS # _____ RACE _____

DATE OF BIRTH _____ NC RESIDENT? YES NO IF SO, HOW LONG? _____

DESCRIPTION OF BUSINESS _____

DOES OWNER INTEND TO OPERATE THE BUSINESS UNDER THEIR IMMEDIATE SUPERVISION AND DIRECTION?

YES NO IF NOT, NAME OF PERSON IN CHARGE _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR CRIME INVOLVING MORAL TURPITUDE? YES NO
HAVE YOU EVER BEEN CONVICTED OF VIOLATING THE FEDERAL OR STATE PROHIBITION LAWS? YES NO
IF SO, WERE YOU CONVICTED AT ANY TIME DURING THE PAST TWO YEARS? YES NO
DID YOU COMPLETE SERVING A SENTENCE FOR ANY VIOLATION DURING THE PAST TWO YEARS? YES NO
HAVE YOU HAD ANY LICENSE TO SELL ALCOHOLIC BEVERAGES REVOKED DURING THE PAST TWO YEARS?
 YES NO

STATE LICENSE # _____
(attach copy of state license or licenses)

The undersigned applicant for license to sell wine and/or beer says that he/she is not under twenty-one (21) years of age and that the answers to the above questions are true of his/her knowledge and are made for the purpose of inducing the City Clerk to issue to the undersigned for the sale of such alcoholic beverages as indicated within the corporate limits of Saluda.

SIGNATURE OF APPLICANT _____

APPLICATION APPROVED BY _____

CITY CLERK

PLANNING & ZONING DIRECTOR/OFFICER

****Form may be submitted at or mailed to City Hall or emailed to cityclerk@cityofsaludanc.com****

rev 06/13/22