



ORANGE COUNTY TAX ADMINISTRATION  
 REVENUE DIVISION  
 228 South Churton St., Suite 200  
 Hillsborough, NC 27278  
 Phone: (919) 245-2100 | Website: orangecountync.gov  
 Email: tax@orangecountync.gov

<b>OFFICE USE ONLY</b>
_____
Account Number
_____
License Number
_____

**BEVERAGE LICENSE APPLICATION  
 (BEER/WINE ONLY)**

In accordance with GS 105-113.70, it is mandatory that you obtain a license from the appropriate city AND from Orange County AFTER the issuance or renewal of an ABC permit with the State of North Carolina. **PROOF OF RENEWAL OF ABC AND CITY LICENSES ARE REQUIRED BEFORE A COUNTY BEVERAGE LICENSE MAY BE ISSUED.** Complete and return this application, along with proof of your ABC Permit, City Beverage license and your check or money order made payable to the Orange County Tax Office.

Trade Name:		Business Phone:	
Email:		Opening Date:	
Business Address:			
City:	North Carolina	Zip Code:	
Mailing Address (if different from business):			
City:	State:	Zip Code:	

Owner/Corporation Name:		Owner's Phone:	
Owner's Address:			
City:	State:	Zip Code:	

Individual /Corp. Officer Name:		Phone:	
Individual's Address:			
City:	State:	Zip Code:	

ABC Commission Permit number: \_\_\_\_\_

Circle which applies:

**Malt:** On Premises/ Off Premises /Both/ Does Not Apply

**Unfortified Wine:** On Premises/ Off Premises / Both/ Does Not Apply

**Fortified Wine:** On Premises/ Off Premises / Both/ Does Not Apply

<b>County Fee Schedule:</b>			
On/Off Premises Beer	\$25.00	Off Premises Beer	\$5.00
Wine	\$25.00	Wine	\$25.00
<b>Total</b>	<b>\$50.00</b>	<b>Total</b>	<b>\$30.00</b>
		On Premises Beer <b>ONLY</b>	\$25.00
		Off Premises Beer <b>ONLY</b>	\$5.00
		Wine <b>ONLY</b>	\$25.00

I hereby declare that the statements in this application are true and complete, and they are the basis on which my Business/Privilege License may be issued. I also declare that I have read and understand this application in its entirety, and that all applicable blanks were completed by me prior to my execution of the same.

Signature:  Applicant Name (Printed):

Position or Title:  Date:

Please mail check and this application to the Orange County Tax Office, PO Box 8181, Hillsborough, NC 27278