

REGISTRATION PERMIT

Pineville Social District

This application requires the following:

- Consent to participate in the District and abide by all regulations
- Business information / Permittee(s) information
- Valid ABC License
- Social District Hours: Monday-Saturday 12pm-10pm and Sunday 1pm-10pm
- Registration permit is not approved without Town designee approval signature.



Failure to provide the required information disqualifies your application.

APPLICANT INFORMATION

Business Name: _____

Business Owner Name:			
Physical Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Mobile Phone:	Email:		
ABC Permittee Name (If different than Business Name):			

Does your business have a current ABC license for "on-premises consumption" of alcoholic beverages?

- Yes
 No

Please select one of the following elections for your business in terms of opting IN or OUT of the social district.

- Opt IN & ALLOW** - My business would like to participate by serving alcoholic beverages for consumption in the social district; and allow other social district beverages inside their establishment [Note: ABC Permit Required]
- Opt IN & NOT ALLOW** - My business would like to participate by serving alcoholic beverages for consumption in the social district; and NOT allow other social district beverages inside their establishment [Note: ABC Permit Required]
- Opt IN** - My business would like to participate by allowing alcoholic beverages from the social district into my establishment.
- Opt OUT** - My business would NOT like to participate in either serving alcoholic beverages OR allowing social district beverages into my establishment.

I have read and understand this application and the requirements placed upon this applicant and organization. This application and my below signature acknowledgement below my consent to participate in the Pineville Social District and abide by all rules and requirements including to North Carolina General Statute 160A-205.4, 18B-300.1 and Town of Pineville Zoning Ordinance 6.8. I agree to abide by all rules, regulations, and ordinances should my permit application be approved, and I will fulfill the requirements placed upon this permit application.

Permittee Signature: _____

Date: _____

-----DO NOT WRITE BELOW. STAFF USE ONLY-----

Staff Use Only. The following MUST be done for an application to be considered complete.

- Application complete and signed
 Copy of ABC License attached

Planning Director Signature: _____

Date: _____

