

REQUEST FOR BOARD ACTION

HENDERSON COUNTY

BOARD OF COMMISSIONERS

MEETING DATE: 3 November 2008

SUBJECT: Seven Falls Golf & River Club, LLC, on-premises permit comment

ATTACHMENT(S): Comment forms

SUMMARY OF REQUEST:

North Carolina alcoholic beverage control law allows local governments to comment upon the application by private clubs for on-premises consumption alcoholic beverage sale permits. The purpose of the comment is to allow the Alcoholic Beverage Control commission to “be satisfied the applicant is a suitable person and that the location is a suitable place”.

Attached you will find applications filed on behalf of Seven Falls Golf & River Club, LLC, by Keith Vinson and William Griffin.

Comment by you is not required. If you wish to comment upon this, you should do so as a group.

County staff will be present and prepared if requested to give further information on this matter.

BOARD ACTION REQUESTED:

Expression of any Board comment on this application.

If the Board is so inclined, the following motion is suggested:

I move that the Board adopt the following as its commentary on this application:

Henderson County’s Board of Commissioners does not desire to make any comment as to the suitability of these applicants nor as to the location of the prospective permit site. This lack of comment should not be interpreted in a negative manner.

NORTH CAROLINA ALCOHOLIC BEVERAGE CONTROL COMMISSION

4307 Mail Service Center
Raleigh, NC 27699-4307
(919)779-0700 FAX: (919)662-3583

LOCAL GOVERNMENT OPINION for ALCOHOLIC BEVERAGE PERMITS

APPLICANT SHOULD COMPLETE THIS SECTION ONLY

Applicant's Name Keith Vinson
Corporate or LLC Name (if applicable) Seven Falls Golf & River Club, LLC
Trade Name of Business Seven Falls
Former Trade Name (if any) _____
Business Address 39 Pleasant Grove Church Road
City/State Hendersonville, NC 28739
Date of Birth 9-8-58
NC Driver's License # NDL 28873313
Last 4 of Social Security # 5121

TYPE OF ABC PERMIT(S) BEING APPLIED FOR:

Residential Private Club On Premise
Indicate Type (if any)
_____ Off Premise
Indicate Type (if any)

REMAINDER OF FORM FOR OFFICIAL USE ONLY

Date Form 001 Mailed or Delivered _____
Designated Official's Name _____
Title _____ HENDERSON COUNTY
CHAIRMAN COUNTY COMMISSIONERS
City/County _____ 100 NORTH KING STREET
Address _____ HENDERSONVILLE, NC
Contact Telephone # _____

NOTICE: The Alcoholic Beverage Control Commission shall give notice of a permit application to the Governing body of a city or county prior to issuing a retail ABC permit. Designated Officials are expected to process this form within 15 days of receipt. The applicant will be required to provide proof of mandatory compliance with all applicable building and fire codes. The Inspection/Zoning Compliance form (Form 002) is for this purpose and will be completed by the appropriate local agencies.

FACTORS IN ISSUING A PERMIT: Pursuant to N.C.G.S. 18B-901(c), before issuing a permit, the ABC Commission shall be satisfied the applicant is a suitable person and that the location is a suitable place.

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LOCAL GOVERNMENT OPINION for ALCOHOLIC BEVERAGE PERMITS

APPLICANT SHOULD COMPLETE THIS SECTION ONLY

Applicant's Name William D. Griffin
 Corporate or LLC Name (if applicable) Seven Falls Golf & River Club, LLC
 Trade Name of Business Seven Falls
 Former Trade Name (if any) _____
 Business Address 39 Pleasant Grove Church Rd
 City/State Hendersonville, NC 28739
 Date of Birth 7-6-67
 NC Driver's License # 33944203
 Last 4 of Social Security # 1824

TYPE OF ABC PERMIT(S) BEING APPLIED FOR:

Residential Private Clubs _____ On Premise
Indicate Type (if any)
 _____ Off Premise
Indicate Type (if any)

REMAINDER OF FORM FOR OFFICIAL USE ONLY

Date Form 001 Mailed or Delivered _____
 Designated Official's Name _____
 Title _____
 City/County _____
 Address _____
 Contact Telephone # _____

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