

**HENDERSON COUNTY
BOARD OF COMMISSIONERS**

MEETING DATE: October 5, 2009
SUBJECT: Woodfield Inn on-premises alcohol permit
ATTACHMENT: Comment forms

SUMMARY OF REQUEST:

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

Attached you will find an application filed on behalf of the Woodfield Inn by Hasan Mansouri.

Comment by the Board is not required. If the Board does wish to comment upon this, it should be done as a group.

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

BOARD ACTION REQUESTED:

Expression of the Board’s comments on this application.

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

SUGGESTED MOTION:

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**

phone # 828-693-6016

APPLICANT SHOULD COMPLETE THIS SECTION ONLY

Applicant's Name HASAN A. MANSOURI
Corporate or LLC Name (if applicable) WOODFIELD INN HASAN Mansouri
Trade Name of Business WOODFIELD INN
Former Trade Name (if any) _____
Business Address 2905 Greenville Hwy
City/State Flat Rock, NC
Date of Birth 08/25/1931
NC Driver's License # 29119023
Last 4 of Social Security # 8238

TYPE OF ABC PERMIT(S) BEING APPLIED FOR:
Mix Beverage / Malt Beverages / wine unfortified
Indicate Type (if any) _____ On Premise
_____ 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 # _____

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.

PLEASE INDICATE YOUR ANSWER TO THE FOLLOWING:

Do you approve of the applicant and location for the ABC permit?

YES _____ Applicant _____ NO _____ Applicant _____
Location _____ Location _____

Disapprovals: Pursuant to N.C.G.S. 18B-901 (b), to be considered by the ABC Commission, the objections shall state the facts upon which it is based. If you have indicated disapproval by answering "NO", please explain your reason(s) based on the factors outlined in N.C.G.S. 18B-901(c) on the attached page. Use extra sheets if additional space is required and attach all records and/or documents used to arrive at your decision. The mere indication of "NO" without an explanation is an insufficient basis for rejection and cannot be considered by the Commission.

Signature of Designated Official Date

Title of Designated Official

State of North Carolina
_____ County

_____ Being duly sworn says that the contents of the foregoing Local Government Opinion are true to his/her own knowledge, except as to matters stated on information and belief, and as to those matter(s) he/she believes them to be true.

Sworn to and subscribed before me this:

Day Month Year

(Notary Public's Signature)