

NOTICE OF DISCONTINUANCE OF ALCOHOLIC BEVERAGE PERMIT

ALCOHOLIC BEVERAGE CONTROL
Permit Department
P.O. Box 540
Madison, Mississippi 39130-0540

I, _____, ABC Permit No. _____

and doing business as _____

and being located at _____

hereby certify that the above named business will cease to operate at _____
(AM/PM)

on _____ (DATE). I request the Alcoholic Beverage Control to:

- note that no alcoholic beverages remain in inventory;
- allow the permittee to retain the inventory for personal consumption;
- authorize the sale of the alcoholic beverage inventory of this business to

_____, ABC Permit No. _____

located at _____.

Permittee

Sworn to and subscribed before me this the ____ day of _____, 19 ____.

Notary Public

My commission expires: _____

NOTICE: The purchaser of the alcoholic beverage inventory must complete the back of this form.

REQUEST TO PURCHASE ALCOHOLIC BEVERAGE INVENTORY

I, _____, ABC Permit No. _____

and doing business as _____

and being located at _____

hereby request authority to purchase the aforesaid alcoholic beverage inventory
in compliance with ABC Regulation No. 10.

Permittee

Sworn to and subscribed before me this the _____ day of _____, 19 ____.

Notary Public

My commission expires: _____