



Town of Woodfin

90 Elk Mountain Road
Woodfin, NC 28804
PH: (828) 253-4887
FX: (828) 253-4700

Alcoholic Beverage Control Board Application

Name: _____ Date: _____

Home address: _____

Work address: _____

Primary phone: _____ Other phone: _____

Email address: _____

Thank you for applying. Why do you wish to serve on the Woodfin ABC Board?

Please list any government or nonprofit board, committee, or commission on which you currently serve:

Please list any experience or education that you believe qualifies you for the position:

Faithful attendance at board meetings is a requirement of this appointment. Are you able to commit to this requirement? Yes No

The Woodfin ABC Board appointment requires that the individual be a current Woodfin Resident

I have been a resident of Woodfin for _____ years.

Signature: _____

Please mail this form to:
Town Clerk
Town of Woodfin
90 Elk Mountain Rd
Woodfin, NC 28804

OR

Attach to email and forward to:
clerk@woodfin-nc.gov

*The Woodfin ABC Board does not discriminate on the basis of race, color, religion, sex, age, national origin, handicap or disability.
This application will be kept on file for one year. Information provided on this application is public record.*