

REQUEST FOR BOARD ACTION

HENDERSON COUNTY

BOARD OF COMMISSIONERS

MEETING DATE: May 17, 2023

SUBJECT: ABC permit request – Andrea Elizabeth Bankert and Cognative Brew House LLC, d/b/a Cognative Brew House

PRESENTER: Charles Russell Burrell

ATTACHMENT(S): ABC permit application

SUMMARY OF REQUEST:

Andrea Elizabeth Bankert and Cognative Brew House LLC, doing business as Cognative Brew House, have applied for on-premise malt beverage and unfortified wine permits. Request for comment has been made to the Sheriff's Office. This matter is placed on your agenda pursuant to your Board's policy.

In the absence of objections meeting the statutory criteria, the County's standard response is to provide a notice that it does not object to the permit to the North Carolina Alcoholic Beverage Control Commission.

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

BOARD ACTION REQUESTED:

Approval of County comment on ABC permit

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

I move that the Board approve the standard County comment on the ABC permit application.

**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 Andrea Elizabeth Bankert
Corporate or LLC Name (if applicable) Cognitive Brew House LLC
Trade Name of Business Cognitive Brew House
Former Trade Name (if any) N/A
Business Address 3771 Brevard Road
City/State Hendersonville, NC
Date of Birth May 5, 1985
NC Driver's License # 000038520944
Last 4 of Social Security # 3325
919-418-5879

TYPE OF ABC PERMIT(S) BEING APPLIED FOR:

Malt Beverage and Unforked Wine 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 # _____

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.

Four horizontal lines for providing a written explanation for disapproval.

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)