



**State of West Virginia
Department of Revenue
Alcohol Beverage Control Administration
900 Pennsylvania Avenue, 4th Floor
Charleston, WV 25302**

INSTRUCTIONS FOR COMPLETING APPLICATION FOR RETAIL LICENSE - ON PREMISE

PLEASE READ ALL INSTRUCTIONS CAREFULLY. ALL QUESTIONS ARE TO BE ANSWERED IN FULL. APPLICANT'S ACCURACY AND THOROUGHNESS IN COMPLETING THE APPLICATION FORM WILL ASSIST THIS OFFICE IN PROCESSING THE APPLICATION AND PREVENT UNNECESSARY DELAYS.

APPLICANTS MUST TYPE OR PRINT, IN INK, ALL ANSWERS ON ALL FORMS

**WHEN APPLYING FOR A BREW PUB LICENSE,
YOU ARE ALSO REQUIRED TO APPLY FOR A RESIDENT BREWER LICENSE.**

Please find enclosed:

1. Application for Retail License, Consumption On Premise, Class A (ABCA-192A)
2. Release of Information & Waiver of Confidentiality of Records (ABCA-Lic.RIWCR.2)
3. Brew Pub Bond
4. Floor Plan (ABCA-Lic.FP3), give dimensions of licensed premises
5. Zoning Form (ABCA-Lic.Z.2)

INSTRUCTIONS

All questions and/or descriptions must be answered. The application must be signed and notarized. If any question/description cannot be completed in the available space on the application, please submit additional pages as needed. Be sure to indicate on the additional pages which question applicant is answering (print Entity and DBA Name on the additional pages).

Applications must be completed correctly and all necessary paperwork included when mailed to the ABCA. Failure to do so will result in the application being delayed and/or returned to the applicant for the necessary corrections.

LEASE – Applicants must provide a copy of a valid lease if not the property owner.

LICENSE FEES - License fees must be paid by Certified Check, Cashier's Check, or Money Order. Personal checks, business checks, or cash will not be accepted. Make checks payable to the West Virginia ABCA. If applying for a license after December 31st, the license fee is semi-annually prorated to half the initial fee.

LIVE SCAN FINGERPRINTING – All applicants must complete a Live Scan Fingerprint in order to obtain a valid license. L-1 Identity Solutions/Morpho Trust will provide fingerprinting services for all WVABCA license applications. Appointments are preferred and may be made by calling L-1 at 855-766-7746 or online at L1enrollment.com. The charge for the fingerprinting and background check is \$45.35. The WVABCA does not pay this fee. Applicants will be required to pay this fee directly to L-1 Identity Solutions/Morpho Trust. When completing the application, please have the fingerprint result report forwarded to: WVABCA, Attention: Licensing Division, 900 Pennsylvania Avenue, 4th Floor, Charleston, WV 25302. Fingerprint result reports MUST be sent to the WVABCA directly from L-1. NO REPORTS WILL BE ACCEPTED DIRECTLY FROM LICENSE APPLICANTS.

BOND - Applicants must have a \$5,000.00 Brew Pub Bond completed on the form(s) provided by the ABCA.

HEALTH PERMIT - Applicants must provide a copy of a valid Health Permit issued in applicant's name. (If Association, Limited Liability Company, or Corporation, the Health Permit must be issued in the business entity name.)

WV SECRETARY OF STATE - All Associations, Corporations, Limited Liability Corporations, Non-Profit Clubs, and Fraternal Organizations must be duly certified and registered with the WV Secretary of State. Fraternal Organizations must contact the ABCA Licensing Department for additional requirements.

INSTRUCTIONS FOR SIGNING:

- a. If an individual, by the owner
- b. If a partnership, by each member of the partnership
- c. If an association, by each member of the governing board
- d. If a corporation, by all officers, or by other persons specifically authorized by corporate resolution (copy of resolution must be enclosed)
- e. If a limited liability company, by all members
- f. Manager(s) must sign

All applicants must apply for a “Special Occupation Tax (TTB F 5630.5d)” with the Alcohol and Tobacco Tax and Trade Bureau. Form and instructions are available through download at the following website: <http://www.ttb.gov/forms/5630d.pdf> or by calling the toll-free number at 1-800-937-8864.

BUSINESS CLOSURE – Upon sale or closure of the applicant's business, the license must be returned to the ABCA Licensing Department. The license may not be abandoned, rented, leased, given, loaned, or sold to another.

MAIL COMPLETED APPLICATION, FEES, AND REQUIRED ACCOMPANYING FORMS TO:

West Virginia Alcohol Beverage Control Administration
ATTN: Licensing Division
900 Pennsylvania Avenue, 4th Floor
Charleston, WV 25302

IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE PLEASE CALL THE ADMINISTRATION AT 1-800-642-8208 OR (304) 356-5500 AND ASK FOR THE LICENSING DIVISION.

CHECKLIST OF FORMS/PAPERS TO RETURN TO THE WVABCA, LICENSING DIVISION:

- Application Form
- Release of Information & Waiver of Confidentiality of Records
- Copy of Valid Lease (if not owner)
- License fee(s)
- Brew Pub Bond
- Floor Plan
- Zoning Form Completed by Applicant & Municipality if Within City Limits or,
Zoning Form Completed by Applicant & Letter from County Commission if Outside City Limits

APPLICATION FOR RETAIL LICENSE
CONSUMPTION "ON PREMISE"
CLASS A
 FOR FISCAL YEAR _____ TO _____

COUNTY: _____

PLEASE CHECK ALL APPROPRIATE BOXES BELOW. BE SURE TO CHECK THE BOX(ES) BESIDE EACH (ALL) OF THE LICENSES FOR WHICH YOU ARE APPLYING.

A. LIQUOR APPLICATION	B. WINE APPLICATION	C. BEER APPLICATION	D. APPLYING AS: (CHECK ONE)
<input type="checkbox"/> Fraternal Club.....\$900* <input type="checkbox"/> Private Club (less than 1000 members)...\$1,150* <input type="checkbox"/> Private Club (more than 1000 members)..\$2,650* <input type="checkbox"/> Off Premises Wine Sales.....\$100 *These fees include liquor, wine, and beer.	<input type="checkbox"/> Private Wine Restaurant.....\$250 <input type="checkbox"/> Private Wine Spa.....\$150 <input type="checkbox"/> Private Wine Bed & Breakfast.....\$150 <input type="checkbox"/> Off Premises Wine Sales.....\$100 These fees do <u>not</u> include liquor or beer.	<input type="checkbox"/> Tavern, Restaurant, Etc.....\$150 <input type="checkbox"/> Fraternal.....\$150 <input type="checkbox"/> Brew Pub.....\$1,000 These fees do <u>not</u> include liquor or wine.	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Limited Liability Co. Only Associations, Corporations, or Limited Liability Companies may apply for a liquor license.

Email: _____ Fax Number: _____ WV TAX I.D./FEIN: _____

1. Licensee/Entity Name: _____

2. Doing Business As (DBA) Name: _____

3. Business Address: _____
 (STREET)

 (CITY) (STATE) (ZIP CODE) (TELEPHONE)

4. Mailing Address (if different): _____
 (STREET)

 (CITY) (STATE) (ZIP CODE) (TELEPHONE)

5. SUPPLY THE FOLLOWING INFORMATION ABOUT OWNER(S) AND/OR OFFICER(S) AND MANAGER(S).

	NAME	RESIDENCE ADDRESS	% OWNERSHIP	US Citizen **
TITLE	_____	_____	_____	Y / N
	DATE OF BIRTH _____	SOCIAL SECURITY NUMBER _____	TELEPHONE NUMBER _____	YRS RESIDENT OF WV _____
TITLE	_____	_____	_____	Y / N
	DATE OF BIRTH _____	SOCIAL SECURITY NUMBER _____	TELEPHONE NUMBER _____	YRS RESIDENT OF WV _____
TITLE	_____	_____	_____	Y / N
	DATE OF BIRTH _____	SOCIAL SECURITY NUMBER _____	TELEPHONE NUMBER _____	YRS RESIDENT OF WV _____
TITLE	_____	_____	_____	Y / N
	DATE OF BIRTH _____	SOCIAL SECURITY NUMBER _____	TELEPHONE NUMBER _____	YRS RESIDENT OF WV _____
TITLE	_____	_____	_____	Y / N
	DATE OF BIRTH _____	SOCIAL SECURITY NUMBER _____	TELEPHONE NUMBER _____	YRS RESIDENT OF WV _____

**IF A NATURALIZED US CITIZEN, PLEASE ATTACH A WRITTEN EXPLANATION OF WHEN AND WHERE NATURALIZED.

6. CRIMINAL HISTORY-THE FOLLOWING IS A RECORD OF **ALL CONVICTED ARRESTS** OF THE OWNERS, PARTNERS, OFFICERS, DIRECTORS, MEMBERS AND/OR MANAGERS. ALL APPLICANTS WILL BE CHECKED THROUGH THE SECURITY DIVISION AT THE WV LOTTERY. ATTACH ADDITIONAL PAGES IF NECESSARY. **IF THERE HAVE BEEN NO ARRESTS INSERT THE WORD "NONE"**.

NAME	DATE OF ARREST	CHARGE	DISPOSITION OF ARREST	LOCATION OF COURT (COUNTY & STATE)

7. STATE NAME AND ADDRESS OF ALL PERSONS HAVING TWENTY PERCENT (20%), OR MORE INTEREST IN THE APPLICANTS' CORPORATION, ASSOCIATION, PARTNERSHIP, LIMITED PARTNERSHIP, AND/OR LIMITED LIABILITY COMPANY. STATE THE EXACT PERCENTAGE OF OWNERSHIP INTEREST FOR EACH PERSON LISTED.

NAME	ADDRESS	SOC. SEC. #	%OWNERSHIP

8. HAS ANY OFFICER, MANAGER, OR 20% STOCKHOLDER EVER HELD OR CURRENTLY HOLD A WVABCA LICENSE? YES NO IF YES, WHO? _____

DBA NAME? _____
 WAS THE LICENSE: REVOKED _____ DATE _____
 SUSPENDED _____ DATE _____
 SANCTIONED _____ DATE _____

9. OWNER OF PREMISES TO BE LICENSED (PROPERTY OWNER'S NAME) _____
 IF NOT PROPERTY OWNER, APPLICANT MUST HOLD A VALID LEASE (ATTACH A COPY OF THE LEASE)

10. DOES THIS LOCATION CURRENTLY HAVE AN ABCA LICENSE? YES NO

IF YES, NAME OF LICENSED ESTABLISHMENT: _____
 LICENSE # _____

11. THE LICENSE APPLIED FOR IS NOT FOR ANY COLLEGE FRATERNITY OR SORORITY AND THE PROPOSED LOCATION OF THE PREMISES HAS NOT BEEN DETERMINED BY LAW TO BE A PUBLIC NUISANCE, EXCEPT AS FOLLOWS:

12. ARE THE APPLICANT'S PREMISES LOCATED:

A. WITHIN AN INCORPORATED MUNICIPALITY OR WITHIN ONE MILE OF THE CORPORATE LIMITS OF ANY MUNICIPALITY? YES NO

B. WITHIN ONE MILE OF THE CORPORATE LIMITS OF TWO OR MORE MUNICIPALITIES:
 IF YES, NAME THE MUNICIPALITIES: YES NO

- (1) _____
 (2) _____
 (3) _____

13. LIST THE DISTANCE TO THE NEAREST:

- A. CHURCH _____
- B. SCHOOL _____
- C. RESIDENCE _____
- D. GOVERNMENT OFFICE _____

14. HAS APPLICANT SUBMITTED A "SPECIAL TAX REGISTRATION AND RETURN" APPLICATION TO THE ALCOHOL AND TOBACCO TRADE BUREAU (TTB)? YES NO

15. WILL TOBACCO PRODUCTS BE SOLD AT THIS ESTABLISHMENT? YES NO

16. WILL THERE BE EXOTIC ENTERTAINMENT?
(Only Private Clubs need to answer this question!) YES NO

17. WILL THERE BE LIMITED VIDEO LOTTERY AT YOUR ESTABLISHMENT? YES NO

18. IS THE APPLICANT'S LOCATION READY FOR AN INITIAL INSPECTION? YES NO

IF NO, WHAT IS THE PROJECTED DATE FOR THE INITIAL INSPECTION? _____

The undersigned agree, if a license is issued as herein applied for, to comply at all times and observe all the provisions of West Virginia Code §§ Chapter 11, Article 16 et seq., and Chapter 60, Articles 1 through 8 et seq., and all Federal and State Statutes and all other laws of this State and the rules and regulations promulgated by the Alcohol Beverage Control Administration. I or we certify under penalty of law and disqualification of licensure that all statements are true and complete. I or we release the State of West Virginia and any agent acting on its behalf from any and all liability by reason of the request for such information.

The undersigned hereby verify that we are all officers and all members of the board of directors on the application and that the statements and answers made in the foregoing application are true and the said writing is the act and deed of said Corporation, Limited Liability Company, Association, Individual, Partnership, Limited Partnership. **PRESIDENT, INDIVIDUAL, OR CONTROLLING MEMBER(S) SIGNATURES MUST BE NOTARIZED! MUST MATCH OFFICERS LISTED WITH THE SECRETARY OF STATE. MANAGERS MUST ALSO SIGN.**

PRINT CLEARLY/WITTEN SIGNATURES REQUIRED

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE OF SIGNATURE: _____

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE OF SIGNATURE: _____

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE OF SIGNATURE: _____

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE OF SIGNATURE: _____

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE OF SIGNATURE: _____

State of West Virginia, _____ County, To-Wit:

_____, being first duly sworn

according to law, deposes and says that he/she is _____ of the
President, Individual, or Controlling Member(s)

_____, authorized by law to do business in the State of West Virginia, and that the
Business Entity

statements and answers made in the foregoing application are true and acknowledged the said writing to be the act and deed of said corporation.

(Applicant Signature) _____

STATE OF WEST VIRGINIA,
COUNTY OF _____, to wit:

Sworn to before me and subscribed in my presence this _____ day of _____, _____.

NOTARY PUBLIC

My Commission Expires _____



SEAL OF NOTARY

Applicant/Entity Name: _____

Doing Business As (DBA) Name: _____

WEST VIRGINIA
ALCOHOL BEVERAGE CONTROL ADMINISTRATION

RELEASE OF INFORMATION AND WAIVER OF
CONFIDENTIALITY OF RECORDS

I or we, having made application with the West Virginia Alcohol Beverage Control Administration for issuance of a license to sell alcoholic beverages within the State of West Virginia, hereby waive the benefit of any municipal, county, state, or federal statute, rule, ordinance, regulation or other law prescribing the confidentiality of any records or documents, whether formal or informal, pending or closed, maintained by any public or private agency or organization as those records or documents pertain to residency, business location, business activities, education and/or training, employment, criminal history, civil litigation, or law enforcement investigation.

I or we, hereby authorize and request every public or private agency, organization, or person maintaining such records to furnish to the West Virginia Alcohol Beverage Control Administration, or their agents or representatives, any information contained therein and to permit them to inspect and make copies of such records and documents.

I or we, hereby authorize the West Virginia Alcohol Beverage Control Administration to disclose any information pertaining to the licensure to any municipal, county, state, federal or private agency or organization that has any interest in the licensing of said applicant.

I or we, hereby release the West Virginia Alcohol Beverage Control Administration, their agents and representatives, and any agency, organization, or person furnishing information from all liability arising out of any investigation concerning the applicant. I or we further agree that a copy of this Release and Waiver shall function as an original.

I or we acknowledge that by affixing a signature(s) below gives this document full force, and upon this date all aforementioned information may be received and shared as prescribed.

Name: Must include owner's, officer's, member's and manager's printed and written signature(s).	Title	Date



West Virginia Alcohol Beverage Control Administration
Brewpub Bond

July 1, _____ to June 30, _____

Bond # _____

That we, _____,
(Name of Brewpub) (Address: Street, Route or PO Box)

(City) (County) (State) (Zip Code)

a business as principal, and _____, a corporation authorized to do
(Surety Company)

business in the **STATE OF WEST VIRGINIA**, as surety, are firmly bound unto the **STATE OF WEST VIRGINIA** in the just and full sum of **FIVE THOUSAND DOLLARS (5,000.00)**, to the payment whereof well and truly to be made, we bind ourselves, our successors and assigns, jointly and severally, firmly by these presents. This bond to run concurrent with the Brewpub License.

WHEREAS, the condition of the above obligation is such that the above bound principal is about to obtain, in pursuance of the provisions of Article 16, Chapter 11 of the Official Code of West Virginia of 1931, as amended, and the regulations promulgated thereunder by the Commissioner, a Brewpub License from the **WEST VIRGINIA ALCOHOL BEVERAGE CONTROL COMMISSIONER**, authorizing the principal to manufacture and offer for retail sale nonintoxicating beer, ale and other malt beverages on the licensed premises, as provided by said Article 16, Chapter 11, of the Official Code of West Virginia of 1931, as amended, and the regulations promulgated thereunder by the **WEST VIRGINIA ALCOHOL BEVERAGE CONTROL COMMISSIONER**.

NOW, THEREFORE, if the said principal shall faithfully observe the State of West Virginia Nonintoxicating Beer Act and the Regulations promulgated thereunder by the **WEST VIRGINIA ALCOHOL BEVERAGE CONTROL COMMISSIONER**, then this obligation to be void; otherwise to remain in full force and effect, and if the license of said principal shall be revoked, then the full amount of this bond shall be forfeited to the State of West Virginia, and said amount, when received by the State, shall be credited to the State Fund, General Revenue.

This bond is executed in pursuance of the provisions of said Article 16, Chapter 11, of the Official Code of West Virginia of 1931, as amended, and the pertinent provisions of said article and regulations promulgated thereunder by the **WEST VIRGINIA ALCOHOL BEVERAGE CONTROL COMMISSIONER** are hereby made a part of this bond.

IN WITNESS WHEREOF, the said principal and the said surety have caused their corporate names to be signed hereto and their corporate seals to be hereunto affixed by their officials or agents duly authorized, and this bond is dated as of this _____ day of _____, _____.

Principal: _____ By: _____
(Name of Brewpub) (Signature and Title)

Embossed Seal

Surety: _____ By: _____
(Name of Surety Company) (Signature and Title)

Embossed Corporate Seal

Countersigned in the State of West Virginia

(Resident West Virginia Agent Signature)

(Agency Address/Telephone Number)

BREW PUB BOND

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Bond # _____

BREW PUB ACKNOWLEDGMENT (To be completed by principal)

STATE OF: _____

To-Wit:

COUNTY OF: _____

I, _____, A Notary Public in and for the county and state aforesaid, do hereby certify that _____, who signed the writing hereto annexed, for _____, a _____, bearing date on the _____ day of _____, _____, has this day in my said county, before me, acknowledged the said writing to be the act and deed of said corporation.

GIVEN under my hand and official seal this _____ day of _____, _____.

Notary Public

My commission expires the _____ day of _____, _____.

CORPORATE ACKNOWLEDGMENT (To be completed by Surety Company)

STATE OF: _____

To-Wit:

COUNTY OF: _____

I, _____, A Notary Public in and for the county and state aforesaid, do hereby certify that _____, who signed the writing hereto annexed, for _____, a _____, bearing date on the _____ day of _____, _____, has this day in my said county, before me, acknowledged the said writing to be the act and deed of said corporation.

GIVEN under my hand and official seal this _____ day of _____, _____.

Notary Public

My commission expires the _____ day of _____, _____.

West Virginia Alcohol Beverage Control Administration

Floor Plan

License period: _____ - _____

Applicant Entity Name: _____

Doing Business As (DBA) Name: _____

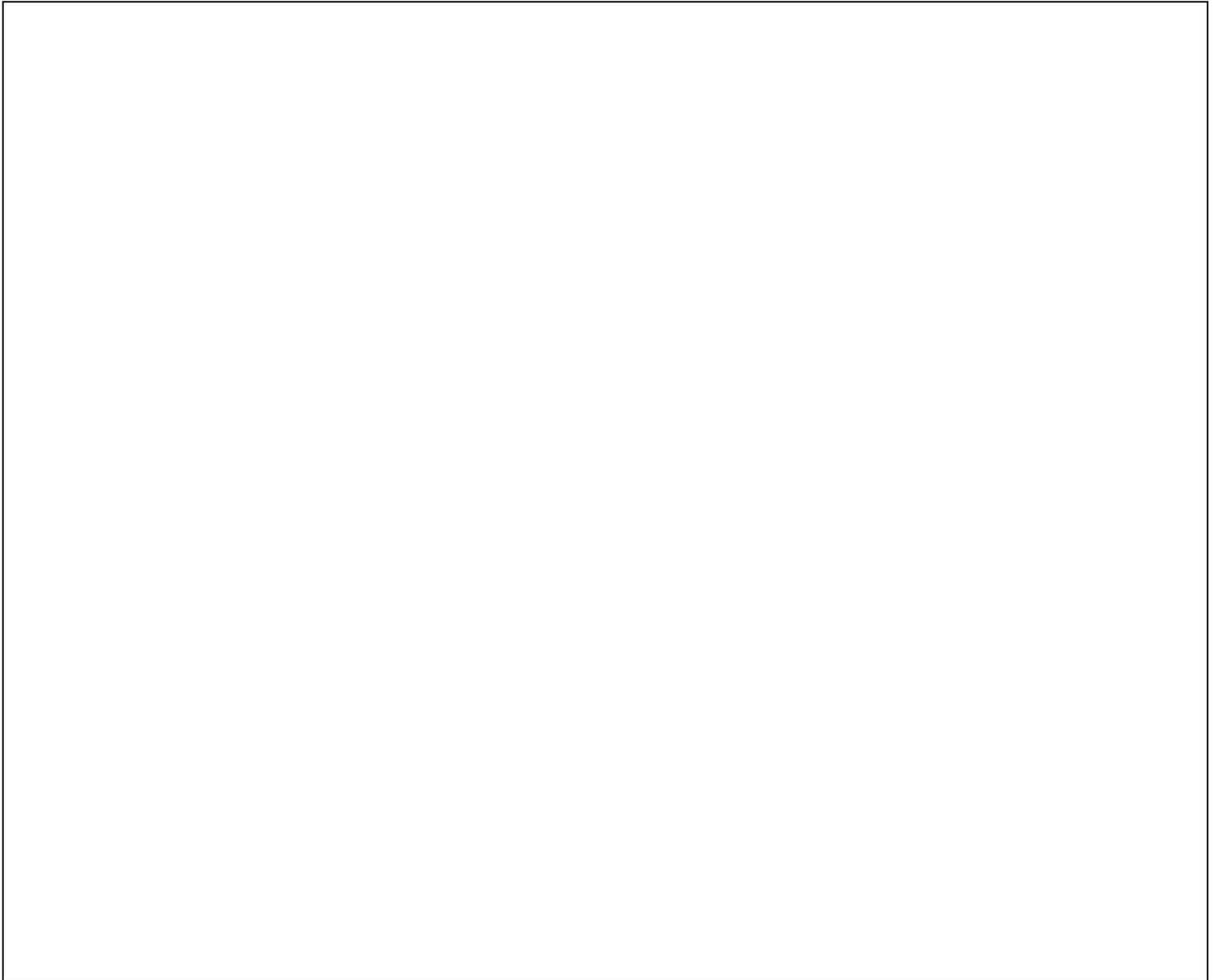
County: _____

Floor plan **must** include **all areas under the control or lease of the applicant** where alcohol is to be stored, sold or consumed. All areas under control or lease of the licensee must be licensed.

Submit (1) copy to ABCA.

(Give Dimensions)

Keep (1) copy at licensed premises.



***If there are attached drawings please check: _____ (additional drawings must be signed).**

***Complete information on reverse side of form.**

ZONING FORM

(Original copy must be submitted to the WVABCA Licensing Division)

Note: If an establishment's location is not situated within a municipality, this office will need a letter from the County Commission stating that the establishment location is zoned properly. All applicants must complete the obverse (front) portion of this form.

To: Municipal Clerk or Recorder

Under the requirements set forth in 60-7-4a and/or 11-16-8(a)(5) of the W. Va. State Code, a person intending to apply for a license to operate an ABCA licensed Private Club, Private Wine Restaurant or Tavern at any location within a municipality **must file a notice of such intention with the Clerk or Recorder of such municipality at least ten (10) days prior** to filing an application for such license with the Alcohol Beverage Control Administration. Pursuant to this requirement, **notice** is herein given that the following intends to apply to the WV ABCA for a license to operate a Private Club, Private Wine Restaurant, Private Wine Bed and Breakfast, Private Wine Spa, or Tavern issued pursuant to the provisions of §§ Chapter 60, Article 7 and Article 8 and/or Chapter 11, Article 16 of the W. Va. State Code.

Entity Name: _____

DBA (Doing Business As): _____

Address of Establishment: _____
(Street/Route) (City) (State) (Zip Code)

Applicant's Name(s): _____
(Last) (First) (Middle)

(Last) (First) (Middle)

General Description of Premises: _____

Food Services to be Offered: _____

Patron Capacity: _____

This Notice has been filed with the Clerk or Recorder of the City/Town of _____ on this _____ day of _____, _____.

Applicant's Signature(s): _____ Date: _____

_____ Date: _____

