

WEST VIRGINIA ALCOHOL BEVERAGE CONTROL ADMINISTRATION

APPLICATION FOR SPECIAL EVENTS FLOOR PLAN EXTENSION
CONSUMPTION "ON PREMISE"
CLASS A

County: _____

License Number: _____

1. Name of Event: _____

2. Dates of Event (month/day/year) Start: _____ **End:** _____

Operation days and times must be listed below (if all times are the same as the first day write "same" on following lines)

3. Licensed Area To Be Extended:

List complete information in the form of a diagram (top of second page), giving the dimensions of the licensed extended area and a description of how the area is to be designated as a containment area for patrons of the establishment.

4. County and/or Municipal Consent:

Licensee must obtain approval for the floor plan extension from the County Commission, Municipal Clerk, or Local Police Chief (verification at the bottom of second page).

5. Special Rules:

- * All alcohol shall be served in the licensed establishment and carried to the extension area.
- * Nonintoxicating beer and nonintoxicating craft beer are the only beverages (excluding non-alcoholic beverages) that may be consumed in the extended license area.
- * Patrons may not carry drinks off the licensed premises.
- * Extension areas must be clearly marked and defined so patrons and the public can clearly distinguish boundaries.
- * Any entertainment in the extended license area must have prior approval.
- * The extension area must be at least 300 feet from the front door of any school or church.
- * The extension of the license may not in any way affect the peace or quietude of the surrounding community or residence thereof.

MAIL COMPLETED FORM TO:

West Virginia Alcohol Beverage Control Administration
ATTN: Licensing Department
322 70th Street SE
Charleston, WV 25304-2900

ABCA-192SEFP.EXT

FLOOR PLAN EXTENSION

Floor plan extension must show the exact area and measurements of the extension area in relationship to the licensed establishment.

Keep (1) copy at the licensed premises.

(Provide Dimensions)

I, _____, attest to the fact that all preceding information is true and accurate and that all individuals and/or controlling members listed on the license are aware of the **Application for Special Events Plan Extension.**

Name: _____ Title: _____

Signature: _____ Date: _____

**COUNTY, MUNICIPAL, AND/OR POLICE DEPARTMENT
FLOOR PLAN EXTENSION VERIFICATION FORM**

To: County Commission, Municipal Clerk, or Police Chief;

Would the granting of a Special Events Floor Plan Extension to the above named licensee violate any local regulation or ordinance within your area? YES NO

If yes, please explain violation: _____

Name: _____ Title: _____

Signature: _____ Date: _____