



**State of West Virginia
Department of Revenue
Alcohol Beverage Control Administration
322 70th Street, SE
Charleston, WV 25304-2900**

INSTRUCTIONS FOR COMPLETING APPLICATION FOR RETAIL OUTLET LICENSE - OFF 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.**

Please find enclosed:

- (1) One (1) copy of Form ABCA-192B, Application For Retail License, Consumption Off Premise, Class B.
- (2) Two (2) (Addendum A) sheets for the floor plan (give dimensions) of licensed premises.
- (3) Release of Information & Waiver of Confidentiality of Records form (Addendum B).
- (4) Zoning Form (Addendum C).

INSTRUCTIONS

- (1) All questions and/or descriptions must be answered. The application must be signed and notarized.
- (2) Year/ County/Zone - Fill in the blanks at top of form to denote current Fiscal Year, the County and License Zone.
- (3) License Type - Indicate the type(s) of license desired in the appropriate box(es) at the beginning of the application form.

(A) Liquor Application- Check one of the two boxes indicating if the outlet is a Class A Retailer or a Class B Retailer.

(B) Wine Application - The checking of items in this box indicates the license(s) being applied for:

- (a) Wine Specialty Shop (\$250.00) - "Wine Specialty Shop" means a retailer who shall deal principally in the sale of table wine, nonfortified dessert wines, wine accessories and food or foodstuffs normally associated with wine and: (1) Who shall maintain a representative number of such wines for sale in his/her inventory which are designated by label as varietal wine, vintage, generic and/or according to region of production and the inventory shall contain not less than fifteen percent vintage or vintage-dated wine by actual bottle count: (2) who, any other provisions of this code to the contrary notwithstanding, may maintain an inventory of Port, Sherry, Madeira wines having an alcoholic content of not more than twenty-two percent alcohol by volume and which have been matured in wooden barrels or casks.
- (b) Wine Specialty Shop Tasting (\$400.00) - This license is a combination of the Wine Specialty Tasting \$150.00 and the Wine Specialty Shop \$250.00 licenses. This license allows a wine specialty shop to serve complimentary samples of wine in moderate quantities for tastings. Such wine specialty shop shall organize a wine taster's club, which has at least fifty duly elected members or approved dues-paying members in good standing. Such club shall meet on the wine specialty shop's premises not more than one time per week and shall either meet at a time when the premises are closed to the general public, or shall meet in a separate segregated facility on the premises to which the general public is not admitted. *Must have a Wine Specialty Shop license to obtain a Wine Specialty Shop Tasting license.*

- (c) Wine Specialty Shop Sampling (\$150.00) - This license allows a wine specialty shop to conduct special wine sampling events at a licensed wine specialty shop location during regular hours of business. The wine specialty shop may serve up to three complementary samples of wine, consisting of no more than one ounce each, to any one consumer in one day. *Must have Wine Specialty Shop license to obtain a Wine Specialty Shop Sampling license. Note: A wine Specialty Shop (\$250.00) may add Wine Specialty Shop Tasting (\$150.00) = \$400.00, or add the Wine Specialty Shop Sampling (\$150.00) = \$400.00 or add both for a combined total of \$550.00.*
- (d) Wine Retail (\$150.00) - "Wine Retailer" means a person licensed to sell wine at retail to the public at his or her established place of business for off premise consumption.

(C) Beer Application - Checking this box indicates that the establishment will be selling beer at retail for off-premise consumption.

(D) Applying As - The applicant will check the appropriate "entity type" in this box.

- (4) Tax ID/FEIN - Fill in the licensee's WV TAX I.D. number and the FEIN number.
- (5) Answer all the remaining questions (1 - 24). If any question or 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 you are answering (print the Entity and DBA Name on the additional pages).
- (6) 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 pro-rated to half the initial fee. A processing fee of twenty-four (\$24.00) dollars must be included for each individual listed for Live Scan Fingerprinting.
- (7) PICTURES - Pictures of the front entrance, surrounding area of the building, and groceries within the establishment must be submitted.
- (8) 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 which resolution must be enclosed
 - E. If a limited liability company, by all members
 - F. Manager(s) must sign

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

Please Note:

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.

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

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

IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE PLEASE CALL THE ADMINISTRATION AT 1-800-642-8208 OR (304) 558-2481 AND ASK FOR THE LICENSING DEPARTMENT.

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

- Form ABCA-192BLS
- License fee(s) and Live Scan processing fee(s)
- Addendum A (floor plan)
- Pictures
- Addendum B (Waiver)
- Addendum C (Zoning) Form Required and Letter from County Commission, if applicable
- Corporation, Association, or Limited Liability Company Agreement , Certificate, and Trade Name Certificate, if applicable
- Copy of valid lease (if not the owner of the building)

APPLICATION FOR RETAIL OUTLET LICENSE

CONSUMPTION "OFF PREMISE"
 FOR FISCAL YEAR _____ TO _____

COUNTY: _____ ZONE: _____

PLEASE CHECK ALL APPROPRIATE BOXES BELOW. BE SURE TO CHECK THE BOX(ES) BESIDE EACH (ALL) OF THE LICENSES FOR WHICH YOU ARE APPLYING.
 LIQUOR STORES MUST BE FRANCHISED BEFORE LICENSE APPLICATIONS ARE PROCESSED.

<p>A. LIQUOR APPLICATION</p> <p><input type="checkbox"/> Class A Retailer \$2000</p> <p><input type="checkbox"/> Class B Retailer \$2000</p>	<p>B. WINE APPLICATION</p> <p><input type="checkbox"/> Wine Retail.....\$150</p> <p><input type="checkbox"/> Wine Specialty.....\$250</p> <p><input type="checkbox"/> Wine Specialty/Tasting.....\$400</p> <p><input type="checkbox"/> Wine Sampling.....\$150*</p> <p><small>*Wine Sampling only available to Wine Specialty license holders</small></p>	<p>C. BEER APPLICATION</p> <p><input type="checkbox"/> Carry-out.....\$150</p>	<p>D. (CHECK ONE) Applying as:</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Limited Partnership</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Association</p> <p><input type="checkbox"/> Limited Liability Co.</p>
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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).

US Citizen *

TITLE	NAME	RESIDENCE ADDRESS	% OWNERSHIP	Y/N
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_____/_____/_____ DATE OF BIRTH	_____-_____-_____ SOCIAL SECURITY NUMBER	(____)____-____ TELEPHONE NUMBER	_____ YRS RESIDENT OF WV	
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TITLE	NAME	RESIDENCE ADDRESS	% OWNERSHIP	Y/N
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_____/_____/_____ DATE OF BIRTH	_____-_____-_____ SOCIAL SECURITY NUMBER	(____)____-____ TELEPHONE NUMBER	_____ YRS RESIDENT OF WV	
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TITLE	NAME	RESIDENCE ADDRESS	% OWNERSHIP	Y/N
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_____/_____/_____ DATE OF BIRTH	_____-_____-_____ SOCIAL SECURITY NUMBER	(____)____-____ TELEPHONE NUMBER	_____ YRS RESIDENT OF WV	
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TITLE	NAME	RESIDENCE ADDRESS	% OWNERSHIP	Y/N
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_____/_____/_____ DATE OF BIRTH	_____-_____-_____ SOCIAL SECURITY NUMBER	(____)____-____ TELEPHONE NUMBER	_____ YRS RESIDENT OF WV	
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TITLE	NAME	RESIDENCE ADDRESS	% OWNERSHIP	Y/N
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_____/_____/_____ DATE OF BIRTH	_____-_____-_____ SOCIAL SECURITY NUMBER	(____)____-____ TELEPHONE NUMBER	_____ YRS RESIDENT OF WV	
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*IF A NATURALIZED US CITIZEN, PLEASE ATTACH A WRITTEN EXPLANATION OF WHEN AND WHERE NATURALIZED.

9. **PREMISE TO BE LICENSED.**

LIST COMPLETE INFORMATION ON ADDENDUM A (FLOOR PLAN) FULL VIEW PICTURES OF THE FRONT ENTRANCE AND SURROUNDING AREA OF THE BUILDING.

10. SQUARE FOOTAGE OF RETAIL FLOOR SPACE: _____

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

12. ARE YOU THE SUCCESSFUL BIDDER AND WINNER OF THE 10 YEAR (2010 – 2020) RETAIL OUTLET LICENSE?
YES ___ NO ___

IF YOU ARE NOT THE OWNER OF THE 10 YEAR (2010 – 2020) RETAIL OUTLET LICENSE, DO YOU LEASE FROM THE OWNER? YES ___ NO ___

LIST THE OWNER: _____

EXPIRATION DATE OF THE LEASE: _____

ATTACH A COPY OF THE LEASE FOR THE 10 YEAR (2010 – 2020) RETAIL OUTLET LICENSE.

13. ADDRESS OF PROPERTY OWNER _____

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

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

15. ARE THE APPLICANT'S PREMISES LOCATED WITHIN AN INCORPORATED MUNICIPALITY OR WITHIN ONE MILE OF THE CORPORATE LIMITS OF ANY MUNICIPALITY? YES ___ NO ___

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

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

● **IF A WINE SPECIALTY SHOP, THE ESTABLISHMENT MUST STOCK ACCESSORIES AND FOOD OR FOOD ITEMS ASSOCIATED WITH WINE.**

● **IF A WINE SPECIALTY SHOP, THE ESTABLISHMENT MUST STOCK WINE INVENTORY WHICH INCLUDES FIFTEEN PERCENT (15%) VINTAGE OR DATED WINES.**

18. NUMBER OF EMPLOYEES WORKING IN THIS LOCATION BETWEEN THE AGES OF 16 AND 18 YEARS OF AGE: _____

19. IS THE APPLICANT'S PREMISES 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 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)**

(PRINT CLEARLY) (WRITTEN 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: _____

(*MUST HAVE MANAGER(S)SIGNATURE(S).)

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

_____, Being first duly sworn

according to law, deposes and says that he/she is _____

President, Individual, or controlling Member(s)

of the _____, authorized by law to do business in the State of West Virginia,

and that the 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

West Virginia Alcohol Beverage Control Administration

Floor Plan

License period: _____ - _____

Applicant Entity Name: _____

Doing Business As (DBA) Name: _____

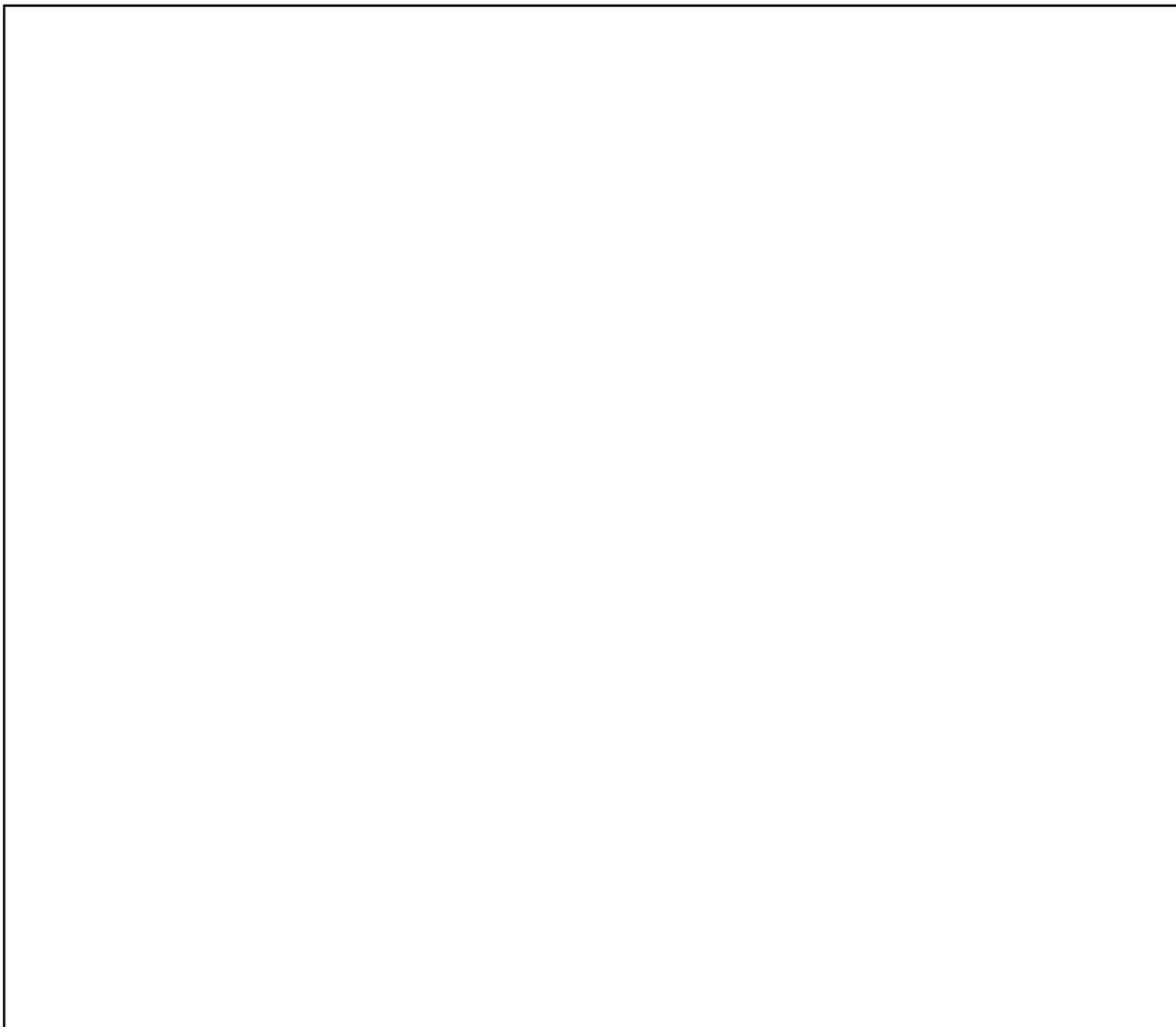
County: _____

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.

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

(FOR USE BY MUNICIPAL AUTHORITIES ONLY)

1. Is the proposed location for the Class B “Carry-Out” described consistent with the zoning ordinances of your Municipality as either a permitted use or a conditional use of such premises?

Yes _____ No _____

2. If the answer to the first question was “No” does your Municipality provide within its zoning requirements suitable alternative locations for Class B “Carry-Outs”?

Yes _____ No _____

3. Additional comments to the Alcohol Beverage Control Administration:

4. Is the proposed location situated in a “Dry County” or in a Town/Municipality designated as a “Dry” area.

Yes _____ No _____ Unsure _____

Approved By: Authorized Official Signature and Title

City/Town

Date: _____

**Return Original To: WVABCA
Licensing Division
322 70th Street, SE
Charleston, WV 25304**

**ALL APPLICANTS MUST APPLY FOR A
“SPECIAL OCCUPATION TAX (TTB F 5630.5 d)”
WITH THE ALCOHOL AND TOBACCO TAX AND TRADE BUREAU**

**APPLICANTS MAY DOWNLOAD FORM AT THE FOLLOWING
WEBSITE:
www.ttb.gov**