

STATE OF WEST VIRGINIA DEPARTMENT OF REVENUE ALCOHOL BEVERAGE CONTROL ADMINISTRATION

900 Pennsylvania Avenue, 4th Floor Charleston, WV 25302

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR RETAIL ON PREMISES PRIVATE OUTDOOR DESIGNATED AREA -QUALIFIED PERMIT HOLDER.

<u>Requirements ---- Private Outdoor Designated Area (PODA) -Qualified Permit Holder -</u> \$100.00 (non-refundable and non-prorated).

- Must hold a license that was issued under W.Va. Code §60-7-1 et seq (e.g., Private Club, Private Club Restaurant, Private Hotel, etc.)
- The municipality must have a certified ordinance containing all elements found within W.Va. Code §8-12-26. Applicants must submit a copy of the ordinance and any municipal policy associated with the PODA ordinance.

Applicants:

- Must be approved by the municipality where the PODA is located on a yearly basis. Applicants must submit a copy of their approval with their application on a yearly basis.
- Must be in compliance with all federal and state laws and be in good standing with the Commissioner.
- Must provide the days and hours that have been approved to operate the PODA (hours cannot exceed state established private club hours or stated hours in the city's ordinance).
- Must provide an executed written agreement between all PODA applicants (applicants must be jointly and severally liable for any violations, improper acts or improper conduct committed in the PODA area).
- Must provide a security plan for the PODA area.
- Nonintoxicating beer must be served in non-glass containers that display the logo or name of the PODA that does not exceed 18 fluid ounces, which has been approved by the municipality and WVABCA Commissioner.
- Must provide a floor plan for the PODA area that shows the municipality's legally demarcated area as set forth in the ordinance and indicates how it is bound or indicate where signage will be utilized to designate and bound the area. The floor plan must show patrons' ingress and egress locations for the PODA area. The floor plan should provide and depict locations for adequate restroom facilities. The floor plan must be approved by the municipality's ordinance.

- Must provide a security plan to prevent patrons or guests from carrying nonintoxicating beer and alcoholic liquor off the PODA area and preventing patrons or guests from bringing, consuming or selling alcohol not in an approved non-glass container in the PODA area.
- A permit for Outdoor Dining and Sidewalk Dining may be utilized in the PODA area, patrons participating with an approved PODA cup must be dining when in the outdoor dining or street dining floor plan.
- All approved cups used should be a consistent color and be logoed with PODA name and logo.
- Check with your local health department regarding health and safety issues, particularly sanitation for refilling plastic or metal cups.
- Patrons may only consume non-intoxicating beer and alcoholic liquor from PODA approved cups in the PODA area. The PODA area may include PODA participating non-licensed businesses within the PODA area who are willing to permit the PODA cups in their businesses.
- PODA approved cups may only be filled by WVABCA licensed qualified permit holders.
- A PODA area cannot be licensed as a Fair and Festival Special Event, Multi-Vendor Fair and Festival or Non-Intoxicating Beer Floor Plan Extension.
- No PODA cups in any beer and wine Special Event Fair and Festivals, Special One Day Nonprofit Licensed event or Non-Intoxicating Beer Floor Plan Extension.
- No outdoor bars in the PODA area. The qualified permit holder must serve from the bar inside in the licensee's licensed premises.

INSTRUCTIONS

<u>All</u> questions and/or descriptions must be answered. The application <u>must</u> be signed and notarized. If any questions/descriptions cannot be completed in the available space on the application, please submit additional pages as needed. Each additional page submitted must include the entity name, DBA name, and indicate which question applicant is answering.

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

PERMIT FEE: The PODA -Qualified Permit Holder fee <u>must</u> be paid by Certified Check, Cashier's Check, or Money Order for each qualified permit holder applicant. Personal checks, business checks, or cash <u>will not</u> be accepted. Make checks payable to the WVABCA.

BUSSINESS CLOSURE: If issued, the permit may not be abandoned, rented, leased, given, loaned, or sold to another. Upon <u>sale</u> or <u>closure</u> of the applicant's business, the permit <u>must be</u> returned to the WVABCA Licensing Division. Please include reason for the closure, date business closed, and signature on the back of the permit.

MAIL COMPLETED APPLICATION, FEE, AND REQUIRED ACCOMPANYING DOCUMENTS 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 documents to be submitted/returned to the WVABCA Licensing Division:

Application Form
Permit Fee
Floor Plan
Copy of Municipal Approval PODA Ordinance
Municipal PODA Approval
Days and Hours approved by Municipality for PODA Application
Executed Agreement between PODA Applicants
Security Plan for PODA Permit
Photo of Non-Glass Container and Label(s) (Must be Approved by Municipality).
Plan to Prevent Carry on or Off of PODA Area

ABCA-192PODA WEST VIRGINIA ALCOHOL BEVERAGE CONTROL ADMINISTRATION <u>APPLICATION FOR RETAIL PERMIT</u>

CONSUMPTION "ON PREMISES" PRIVATE OUTDOOR DESIGNATED AREA (PODA) -QUALIFIED PERMIT HOLDER

DA -Qualified Permit Ho	4.4			
			Tax I.D./FEIN: _	
tity Name:				
3A Name:				
VABCA License Number	:			
siness Address:	(Street)			
y)	(State)	(Zip 0	Code)	(Telephone)
niling Address:	(Street)			
y)	(State)	(Zip G	Code)	(Telephone)
	ATION ON THE CUR	RRENT WVABCA LI	CENSE).	
Name		% of Ownership	Telephone N	umber
Name		% of Ownership	Telephone N	umber
Name		% of Ownership	Telephone N	umber
	tity Name:	tity Name:	tity Name: BA Name: WABCA License Number: Siness Address: (Street) (Apply The Following Information about applicant appli	y) (State) (Zip Code) ailing Address: (Street) (Street) (Yip Code) (In C

 \square Yes \square No

8)	Have you attached a copy of the Municipal PODA approval? □ Yes □ No
9)	Have you provided a list of the days and hours approved by municipality for PODA? □ Yes □ No
10)	Have you provided an executed written agreement between all PODA qualified permit holders, attesting that all holders are jointly and severally liable for any improper acts or conduct committed in the operation of the Private Outdoor Designated Area? □ Yes □ No
11)	Will the PODA area include non-licensed PODA participating stores or businesses? □ Yes □ No If Yes, please list stores or businesses on the PODA floor plan.
12)	Have you provided a security plan for the PODA? □ Yes □ No
13)	Have you provided photos of the non-glass container(s) and label(s) that the municipality has approved for use in the PODA with PODA logo? \Box Yes \Box No
14)	Have you provided a plan to prevent the carrying on or off of nonintoxicating beer and alcoholic liquors in the PODA or the bringing, consuming, or selling of nonintoxicating beer or alcoholic liquors not in an approved non-glass container in the PODA area? □ Yes □ No

The undersigned agree, if a Private Outdoor Designated Area (PODA) Permit is issued as herein applied for, to comply at all times and observe all the provisions of West Virginia §§ Chapter 8 Article 12 et seq., 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 due to the request for such information.

The undersigned hereby verify that we are all officers and all member 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. OFFICERS, INDIVIDUAL, OR MEMBER(S) SIGNATURES MUST BE NOTARIZED! MUST MATCH OFFICERS LISTED WITH THE SECRETARY OF STATE. MANAGERS MUST ALSO SIGN.

PRINT CLEARLY/ WRITTEN SIGNATURES REQUIRED

NAME:	TITLE:
SIGNATURE:	
NAME:	
SIGNATURE:	
	County, To-Wit:
	, being first duly sworn
	of the
	President, Individual or Controlling Member(s)
Business Entity	, authorized by law to do business in the State of West Virginia, and that the
statements and answers made in the foregoing application are tru-	e 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

Private Outdoor Designated Area (PODA) Floor Plan

ntoxicating and alcohol or cordoned off.
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Additional drawings must include entity & DBA name and must be signed and dated.

Print:	Signature:	Title:	Date:
Print:	Signature:	Title:	Date:
Print:	Signature:	Title:	Date:
Print:	Signature:	Title:	Date:
Print:	Signature:	Title:	Date:

I or we hereby certify that the PODA floor plan above and/or attached is the only area where alcoholic beverages will be carried, consumed. And