



**STATE OF WEST VIRGINIA
DEPARTMENT OF REVENUE
ALCOHOL BEVERAGE CONTROL ADMINISTRATION**

900 Pennsylvania Ave., 4th FL
Charleston, WV 25302

**Alcoholic Liquor Transportation Report
of Alcoholic Liquors Transported Into, Through or Within West Virginia**

Common Carriers possessing a State of West Virginia transportation permit for alcohol liquors are required to file a monthly report on forms prescribed by the West Virginia Alcohol Beverage Control Commissioner.

This report is to be filed with the West Virginia Department of Alcohol Beverage Control Administration, Attention: Spirits & Wine Division, 900 Pennsylvania Avenue, Charleston, WV 25302, along with a signed copy of all invoices delivered to recipients in West Virginia during the preceding month. This report must be postmarked no later than the fifteenth of the month, or, if the fifteenth is not a business day, the next business day thereafter. This report may also be emailed to ABCA.Wine@WV.gov or faxed to (304) 937-0310. WVABCA licensed Common Carriers shall report the quantities of alcoholic liquor delivered into or within the state of West Virginia. Such report shall also include the name and address of the purchases to whom alcoholic liquor was delivered.

Permitted Common Carriers shall refuse delivery when the proposed recipient appears to be under the age of 21 years and refuses to present valid identification

This report may be duplicated using the same format.

These reports are required for the effective administration of the Chapter 60 of the West Virginia Code and to assure the health, safety, welfare, peace and good morals of the people of this State.



**ALCOHOLIC LIQUOR TRANSPORTATION REPORT
OF ALCOHOLIC LIQUORS TRANSPORTED INTO, WITHIN OR THROUGH WEST VIRGINIA**

Carrier Name: _____ FEIN # _____
 Address: _____ WVABCA#: _____
 City, State, Zip: _____ Phone#: _____

Mail to WVABCA, 900 Pennsylvania Avenue, 4th Floor, Charleston, WV 25302 or email to ABCC.Wine@WV.gov or fax to (304) 957-0310 on or before the 15th day of each month

Date Shipped	Invoice Number	West Virginia Resident Customer Name	Complete Address	City	No. of Bottles	Size in Liters	Total Liters	Shipper's Name	Freight Bill or Tracking #

I declare under penalty of perjury under the laws of the state of WEST VIRGINIA that the foregoing is true and correct.

Signed: _____ Date: _____ Email: _____
 Authorized Signature