INSTRUCTIONS FOR REPRESENTATIVE’S LICENSE APPLICATION (FORM ABCC-WS-181)

PLEASE READ ALL THE 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

INSTRUCTIONS

1. All questions and/or descriptions must be answered.
2. The application must be signed and notarized.
3. If any questions/descriptions cannot be completed in the available space on the application, please submit additional pages as needed.
4. Each additional page submitted must include entity name, DBA name, and indicate which question applicant is answering.
5. 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.
6. 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 WVABCA.

Fees:

- Distillery/Liquor Representative license is $100.00 for full year.
- Wine Supplier Representative license is $100.00 for full year.
- If a Representative for wine and liquor the fee is $200.00. If the license for a Distillery/Wine Supplier Representative is issued for less than a full year (January 1 through June 30), the fee may be prorated to 50% of the yearly fee.
- (In State) Wine Distributor Representative $0 (no fee).

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

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

Application for Representative’s License

- Wine Supplier Representative
  - Answer Questions 1-33
  - License Fee: $100

- Distillery/Liquor Representative
  - Answer Questions 1-33
  - License Fee: $100

- (In State) Wine Distributor Representative
  - Answer Questions 1-33
  - License Fee: $0

Representative (Applicant)

1. Name: ____________________________________________
2. DOB: ___________
3. SSN: ___________________
4. Home Mailing Address: _______________________________
   City/State/Zip: ______________________________
5. Home/Mobile #: ____________________________________
6. Email: _____________________________________

Distillery, Wine Supplier or Wine Distributor Company

7. Name: _______________________________________________________________________________________________
8. Business Phone: ____________________________________
9. FEIN: ____________________________________________________________________
10. Physical Address: ____________________________________
   City/State/Zip: ______________________________
11. Mailing Address: ____________________________________
   City/State/Zip: ______________________________
12. Company Contact: ___________________________________
13. Email: _____________________________________

Broker Company (if applicant is an employee of a Broker Company, complete questions 14-18, otherwise proceed to question 19.)

14. Name: ____________________________________________
15. Business Phone: _____________________________
16. Mailing Address: _____________________________________
   City/State/Zip: ______________________________
17. Company Contact: ___________________________________
18. Email: _____________________________________

Applicant: (If your answer is yes to any of the questions 19-26, a written explanation, including date(s) and charge(s) must be attached).

19. Has applicant or any officer been:
   a. Convicted of a felony?       Yes □ No □
   b. Convicted of a violation of federal or state alcohol laws?         Yes □ No □
   c. Convicted of a criminal offense (misdemeanor) within the last 5 years?     Yes □ No □
   d. Refused any type of alcohol license or permit in any state? State __________________________ Yes □ No □
20. Has applicant or any officer had:
    a. A hearing before the WVABCA Commissioner?       Yes □ No □
    b. Any type of WVABCA license or permit sanctioned? Yes □ No □
21. Has applicant been refused any type of alcohol license or permit in any state?   Yes □ No □
22. Does applicant or any blood relative hold any real estate, buildings or equipment used by any WV wine retail licensee? Provide name, address and interest. Yes □ No □
23. Does applicant or any blood relative hold any interest in a license wine retailer in West Virginia? Yes □ No □
24. Is the applicant, spouse of the applicant, or any blood relative or employee of the West Virginia Alcohol Beverage Control Administration? Provide name of person and relationship. Yes □ No □
25. Is the applicant, spouse of the applicant, or any blood relative an elected or appointed state, county or municipal official?  Provide name of person, relationship and office held. Yes □ No □
26. Is the applicant, or spouse of the applicant, a member or officer of any political party executive committee Yes □ No □
27. Has the applicant, during the previous fiscal year, made or given, voluntarily or on request, a gift, contribution, money or property to an employee of the WVABCA, or to any West Virginia licensed wine distributor or retailer, or to or for the benefit of any political party committee or campaign fund? Yes ☐ No ☐
   If yes, how much $ _______________ To whom __________________________________________

28. Is the applicant a salaried employee of the company to be represented? Yes ☐ No ☐

29. Is the applicant employed by a broker of the company to be represented? Yes ☐ No ☐

30. Will applicant receive any hidden benefits or bonuses in addition to the salary promised? Yes ☐ No ☐

31. What is applicant’s present employment or what has recently been applicant’s employment, business, or profession? __________________________________________

32. Does applicant intend to continue employment or business connections in addition to this application? Yes ☐ No ☐

33. Will applicant represent wine products in West Virginia? Yes ☐ No ☐

34. The monetary total of all wine sales made by the applicant to West Virginia licenses wine distributors during the previous fiscal year. $ _______________ If not a full year, what portion? _______________

35. Will applicant represent liquor products in West Virginia? Yes ☐ No ☐

36. The monetary total of all alcoholic liquor sales made by the applicant to the Commissioner during the previous fiscal year $ _______________ If not a full year, what portion? _______________

37. The monetary total of the gross income received by the applicant on the above listed liquor/wine sales. $ ______________

38. Does the applicant hold a WVABCA retail license? Yes ☐ No ☐

Should the applicant fail to fully carry out and fulfill in every respect the laws of West Virginia, then the Commissioner shall have the right to terminate or revoke this license or permit and declare forfeited the penalty of the bond (if a bond is required for the selected license type). However, it is agreed and understood by and between the parties hereto that before such bond shall be forfeited a hearing shall be held in the Office of the West Virginia Alcohol Beverage Control Administration in the city of Charleston, West Virginia, after ten (10) days written notice to the applicant, setting forth the charge and the time and place of hearing thereon said notice shall be served the applicant by registered mail at the address hereinabove set forth.

TO BE COMPLETED BY THE REPRESENTATIVE AND NOTARY

STATE OF ____________________, __________________________________________________
COUNTY OF __________________, to wit:

______________________________
Signature of Sales Representative

______________________________
Signature of Notary Public

Given under my hand and official seal this_____ day of ________________. ____.

Commission Expires
TO BE COMPLETED BY THE OWNER, AN OFFICER, DIRECTOR OR MANAGER OF THE COMPANY LISTED IN QUESTION #7 or #14

I affirm that the above-named applicant is an authorized representative of this company and will be employed by this company if the requested license is issued. I agree to notify the Commissioner, in writing, if the above-named applicant ceases to represent our company.

Name of Company ____________________________________________________________

Printed Name __________________________ Signature __________________________ Title __________________________

STATE OF ____________________,
COUNTY OF ____________________, to wit:

Given under my hand and official seal this_____ day of ________________. _____.

__________________________
Signature of Notary Public

__________________________
Commission Expires