Private Barrel Selection Form

Distillery or Vendor Name:_______________________________________________________________

Contact Name:____________________ Phone:___________________ E-mail:_____________________

Broker Name (if any):___________________________________________________________________

Group, Individual, Private Club or Retail Liquor Outlet Requesting Private Barrel Selection:

_____________________________________________________________________________________

Contact Name:____________________ Phone:___________________ E-mail:_____________________

Names of Purchasers and/or Licensee’s involved in the Private Barrel Program (if more room is required attach an additional page):

_____________________________________________________________________________________

_____________________________________________________________________________________

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_____________________________________________________________________________________

Private Barrel Selection Product Description (attach photo(s) of distinct label from distillery):

_____________________________________________________________________________________

Barrel Identification number (attach photo(s) of barrel top if available):

_____________________________________________________________________________________

Estimated Barrel Yield:___________________ Proof:___________________ Release Date:____/____/____

Will Empty Barrel be shipped with finished product: Yes:___________     No:______________

Price Per Bottle: Wholesale______________    Retail (including all mark-ups and fees):______________

By signing this form I certify that I have read and understand the WVABCA Private Barrel Selection Policy.

____________________________________  _____________________________________
Distillery                                                 Date   Group Rep or Individual        Date

_____________________________________________________________________________________  

FOR WVABCA USE ONLY

WVABCA Retail Liquor Outlet receiving product:___________________________________________

WVABCA Retail Outlet Number:______________________ Market Zone:________________________

Address:______________________________________________________________________________

Actual Barrel Yield:______________ Gallons:___________ Bottles:______________ Proof:______________

Approval:______________________________________________________________________________

Fredric L Wooton, Commissioner         Date
Private Barrel Selection Form

Names of Purchasers and/or Licensee’s involved in the Private Barrel Program (if more space is needed attach a second page):
__________________________________________________________________________
_____________________________________________________________________________________
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Retail Liquor Outlet Responsibilities

If the retail liquor outlet is the purchaser of the selected barrel and its bottled yield, they may sell the bottled yield at their licensed premises only.

If the retail liquor outlet was chosen by a private club, group or individual as the participating retail liquor outlet to facilitate the further sale of the bottled yield they must follow all stated WVABCA requirements for resale of the bottled Private Barrel Yield, including:

- No one individual may purchase more than 30 bottles of the Private Barrel Yield per visit. Retail liquor outlets must not structure transactions to circumvent the requirements.
- Under state law, purchasers may not transport more than 10 gallons at one time, for personal use and not for resale.

______________________________________________    ______________
Retail Liquor Outlet Licensee        Date

Approval: _____________________________________    ________________
Fredric L Wooton, Commissioner     Date