



**STATE OF WEST VIRGINIA
DEPARTMENT OF REVENUE
ALCOHOL BEVERAGE CONTROL ADMINISTRATION
900 Pennsylvania Avenue, 4th Floor
Charleston, WV 25302**

**INSTRUCTIONS FOR COMPLETING APPLICATION FOR
RETAIL CLASS A LICENSE-ON PREMISES
WINE**

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.

PLEASE VISIT THE WVABCA WEBSITE WWW.ABCA.WV.GOV FOR MORE DETAILED INSTRUCTIONS REGARDING "SERVICES" AND NEW LICENSE TYPES IN HB 2025.

APPLICANTS MUST TYPE OR PRINT, IN INK, ALL ANSWERS ON FORMS

Please find enclosed:

- 1.) Application for Retail License, Consumption on Premises, Class A (ABCA – 192W)
- 2.) Release of Information & Waiver of Confidentiality of Records (ABCA-Lic. RIWCR.2)
- 3.) Nonintoxicating Beer Bond (ABCA-194) (If applying for nonintoxicating beer)
- 4.) Floor Plan (ABCA-Lic.FP3), give dimensions of licensed premises
- 5.) Zoning Form (ABCA-Lic.Z.2)

INSTRUCTIONS

All questions and/or descriptions must be answered. The application must be signed and notarized. If any questions/description cannot be completed in the available space on the application, please submit additional pages as needed. Each additional page submitted must include 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.

LEASE – Applicants must provide a copy of a valid lease if not the property owner.

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 WVABCA.

All retail licenses are valid from issue date to June 30th of the current licensing period. If applying for a license to be issued after December 31st, most license fees are semi-annually prorated to half the initial fee.

LIVE SCAN FINGERPRINTING – All applicants must complete a Live Scan Fingerprint in order to obtain a valid license. Identogo by MorphoTrust will provide fingerprinting services for all WVABCA license applicants. Contact Identogo at 855-766-7746 or online at <https://uenroll.identogo.com> for information on fingerprinting, locations, scheduling appointments, and fee requirements.

Fingerprint result reports **MUST** be sent to WVABCA directly from Identogo by Morpho Trust.

Please contact the WVABCA Licensing Department at 304-356-5500 to obtain the proper service code for the Live Scan Fingerprinting process.

NO REPORTS WILL BE ACCEPTED DIRECTLY FROM LICENSE APPLICANTS. FOR WINE OR BEER GROWLERS, SEE GROWLER FORM.

HEALTH PERMIT – Applicants must provide a copy of a valid Health Permit issued in applicant’s name. (If Association, Limited Liability Company, or Corporation, the Health Permit must be issued in the business entity name and list the DBA name.)

WV SECRETARY OF STATE – All Associations, Corporations, Limited Liability Companies, Non-Profit Clubs, and Fraternal Organizations must be duly certified and registered with the WV Secretary of State.

INSTRUCTIONS FOR SIGNING:

- a.) If an individual, by the owner.
- b.) If a partnership, by each member of the partnership (Copy of Partnership Agreement to be submitted to WVABCA).
- 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 (copy of resolution must be enclosed).
- e.) If a limited liability company, by all members.
- f.) Manager(s) must sign.

All applicants must apply for a “Special Occupation Tax (TTB F 5630.5d)” with the Alcohol and Tobacco Tax and Trade Bureau. Form and instructions are available through download at the following website: <http://www.ttb.gov/forms/f56305d.pdf> or by calling the toll-free number at 1-800-937-8864. A copy of the TTB form must be submitted with application to the WVABCA.

BUSINESS CLOSURE

If issued, the license may not be abandoned, rented, leased, given, loaned, or sold to another. Upon sale or closure of the applicant’s business, the license must be returned to the WVABCA Licensing Division. Please include reason for closure, date business closed, and signature on back of license.

MAIL COMPLETED APPLICATION, FEES, AND REQUIRED ACCOMPANYING FORMS 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 FORMS/PAPERS TO RETURN TO THE WVABCA, LICENSING DIVISION:

- Application Form
- Release of Information & Waiver of Confidentiality of Records
- Copy of Valid Lease (if not owner)
- License Fee(s)
- Floor Plan
- Copy of Valid Health Permit
- Zoning Form completed by applicant & municipality if within city limits or, Zoning Form completed by applicant & letter from County Commission if outside city limits
- Copy of TTB form
- Naturalization papers (if applicable)
- Copy of menu

5/10/21

APPLICATION FOR RETAIL LICENSE

CONSUMPTION "ON PREMISES" WINE

CLASS A

FOR FISCAL YEAR _____ TO _____

COUNTY: _____

PLEASE CHECK ALL APPROPRIATE BOXES BELOW. BE SURE TO CHECK THE BOX(ES) BESIDE EACH (ALL) OF THE LICENSES FOR WHICH YOU ARE APPLYING.

<p style="text-align: center;">A. WINE APPLICATION</p> <p><input type="checkbox"/> Private Wine Restaurant.....\$250</p> <p><input type="checkbox"/> Private Wine Spa.....\$150</p> <p><input type="checkbox"/> Private Wine Bed & Breakfast.....\$150 With Beer.....\$150</p> <p><input type="checkbox"/> Off Premises Wine Sales\$100</p> <p><input type="checkbox"/> Brew Pub (Resident Brewer only)\$500</p>	<p style="text-align: center;">B. Operational Fee</p> <p>Operational Fee.....\$100</p> <p>*This is a non-refundable and non-prorated fee to be paid with the filing of the application.</p> <p><input type="checkbox"/> Corkage Option (Private Wine Restaurant)\$0</p> <p><input type="checkbox"/> Recork & Reseal\$0 (Submit wine bag for approval)</p>	<p style="text-align: center;">C. APPLYING AS: (CHECK ONE)</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 Company</p> <p>Only Associations, Corporations, or Limited Liability companies May apply for liquor license.</p>
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Email (Required): _____ Fax Number: _____ WV TAX I.D./FEIN: _____

1) Applicant/Entity Name: _____

2) Doing Business As (DBA) Name: _____

3) Business Address: _____

(STREET)

(CITY)

(STATE)

(ZIP CODE)

(TELEPHONE)

4) Mailing Address (required): _____

(STREET)

(CITY)

(STATE)

(ZIP CODE)

(TELEPHONE)

5) SUPPLY THE FOLLOWING INFORMATION ABOUT OWNER(S) AND/OR OFFICER(S) AND MANAGER(S). ALL APPLICANTS MUST LIST A MANAGER.

U.S. Citizen**

Title	Name	Residence Address, City, State and Zip Code	% 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, City, State and Zip Code	% 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, City, State and Zip Code	% 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, City, State and Zip Code	% Ownership	Y/N
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_____/_____/_____ Date of Birth	_____-_____-_____ Social Security Number	_____-_____-_____ Telephone Number	_____ YRS Resident of WV
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**** IF NATURALIZED U.S. CITIZEN, MUST SUBMIT COPY OF NATURALIZATION DOCUMENTS. NON-CITIZENS MAY BE LISTED AS SHAREHOLDER, OWNER, OR DIRECTOR OF CORPORATION ONLY. TITLE REFERS TO CORPORATE OFFICERS, PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER, MEMBER.**

- 6) CRIMINAL HISTORY- THE FOLLOWING IS A RECORD OF **ALL CONVICTED ARRESTS** OF THE OWNERS, PARTNERS, OFFICERS, DIRECTORS, MEMBERS AND/OR MANAGERS. ATTACH ADDITIONAL PAGES IF NECESSARY. **IF THERE HAVE BEEN NO ARRESTS INSERT THE WORD "NONE"**.

NAME DATE OF ARREST CHARGE DISPOSITION OF ARREST LOCATION OF COURT (COUNTY & STATE)

- 7) STATE NAME AND ADDRESS OF ALL PERSONS HAVING TWENTY PERCENT (20%) OR MORE INTEREST IN THE APPLICANTS' CORPORATION, ASSOCIATION, PARTNERSHIP, LIMITED PARTNERSHIP, AND/OR LIMITED LIABILITY COMPANY. STATE THE EXACT PERCENTAGE OF OWNERSHIP INTEREST FOR EACH PERSON LISTED. A TRUST CAN HOLD NO PERCENTAGE OF OWNERSHIP.

NAME ADDRESS SOC. SEC. # % OWNERSHIP

- 8) HAS ANY OFFICER, MANAGER, OR 20% STOCK HOLDER EVER HELD OR CURRENTLY HOLD A WVABCA LICENSE?

YES NO IF YES, WHO? _____

DBA NAME? _____

WAS THE LICENSE: REVOKED _____ DATE _____

SUSPENDED _____ DATE _____

SANCTIONED _____ DATE _____

- 9) OWNER OF PREMISES TO BE LICENSED (PROPERTY OWNER'S NAME) _____
IF NOT PROPERTY OWNER, APPLICANT MUST HOLD A VALID LEASE (ATTACH COPY OF THE LEASE)

- 10) DOES THIS LOCATION CURRENTLY HAVE A WVABCA LICENSE? YES NO

IF YES, NAME OF LICENSED ESTABLISHMENT: _____

LICENSE #: _____

11) THE LICENSE APPLIED FOR IS NOT FOR ANY COLLEGE FRATERNITY OR SORORITY AND THE PROPOSED LOCATION OF THE PREMISES HAS NOT BEEN DETERMINED BY LAW TO BE A PUBLIC NUISANCE, EXCEPT AS FOLLOWS: _____

12) ARE THE APPLICANT'S PREMISES LOCATED:
A. WITHIN AN INCORPORATED MUNICIPALITY OR WITHIN ONE MILE OF THE CORPORATE LIMITS OF ANY MUNICIPALITY: YES NO
B. WITHIN ONE MILE OF THE CORPORATE LIMITS OF TWO OR MORE MUNICIPALITIES:
 YES NO
IF YES, NAME THE MUNICIPALITIES:
(1) _____
(2) _____
(3) _____

13.) LIST THE DISTANCE TO THE NEAREST:
A.) CHURCH _____
B.) SCHOOL _____
C.) RESIDENCE _____
D.) GOVERNMENT OFFICE _____

14.) WILL TOBACCO PRODUCTS BE SOLD AT THIS ESTABLISHMENT? YES NO

15.) WILL YOU BE APPLYING FOR A LIMITED VIDEO LOTTERY LICENSE? YES NO

16.) IS THE APPLICANT'S LOCATION READY FOR AN INITIAL INSPECTION? YES NO
IF NO, WHAT IS THE PROJECTED DATE FOR THE INITIAL INSPECTION? _____

17.) ON WHAT DAY (DATE) WAS THE "SPECIAL TAX REGISTRATION AND RETURN APPLICATION" (TTB FORM) SUBMITTED TO THE ALCOHOL AND TRADE BUREAU?

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 §§ 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: _____ 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: _____

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

_____, being first duly sworn

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

President, Individual or Controlling Member(s)

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

Business Entity

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

RELEASE OF CONFIDENTIAL 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, hereby acknowledge that it is understood that a background check will be completed by both the West Virginia State Police and the Federal Bureau of Investigation. It is further understood that if I or we, dispute an FBI submission under Title 28, C.F.R., 16.34, I or we have the right to challenge the completeness or accuracy of the criminal history record by contacting the FBI directly.

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.

Must be completed by all owners, officers, members and managers.

Printed Name	Written Signature	Title	Date

West Virginia Alcohol Beverage Control Administration

Floor Plan

License Period: _____ to _____

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 applicant must be licensed.

SUBMIT (1) COPY TO WVABCA. MUST GIVE DIMENSIONS.

KEEP (1) COPY AT LICENSED PREMISES.



*If there are attached drawings please check: _____

(Additional drawings must include entity & DBA name and must be signed and dated.)

Room or Outside Structure (Width, Length) (Example: 24' X 36")	Located on What Floor	Seating Capacity	Location (Serving, Kitchen, Storage, Etc...)

I or we hereby certify that the floor plan above and/or attached is the only area where alcoholic beverages will be sold, dispensed, consumed, and/or stored. And, I or we further understand that any violation of this provision will mean immediate revocation or suspension of my license.

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

Zoning Form

(Original copy must be submitted to the WVABCA Licensing Department)

Note: If an establishment's location is not situated within a municipality, this office will need a letter from the County Commission stating that the establishment location is zoned properly. All applicants must complete the obverse (front) portion of the form.

To: Municipal Clerk or Recorder

Under the requirements set forth in 60-7-4a and/or 11-16-8(a)(5) of the W. Va. State Code, a person intending to apply for a license to operate an ABCA licensed Private Club, Private Wine Restaurant or Tavern at any location within a municipality **must file a notice of such intention with the Clerk or Recorder of such municipality at least ten (10) days prior** to filing an application for such license with the Alcohol Beverage Control Administration. Pursuant to this requirement, **notice** is herein given that the following intends to apply to the WVABCA for a license to operate a Private Club, Private Wine Restaurant, Private Wine Bed and Breakfast, Private Wine Spa, or Tavern issued pursuant to the provisions of §§ Chapter 60, Article 7 and Article 8 and/or Chapter 11, Article 16 of the W.Va. State Code.

Entity Name: _____

DBA (Doing Business As): _____

Address of Establishment: _____
(Street/Route) (City) (State) (Zip Code)

Applicant's Name(s): _____
(Last) (First) (Middle)

(Last) (First) (Middle)

General Description of Premises: _____

Food Services to be Offered: _____

Patron Capacity: _____

This Notice has been filed with the Clerk or Recorder of the City/Town of
_____ **on this** _____ **day of** _____, _____.

Applicant's Signature(s): _____ Date: _____
_____ Date: _____

(FOR USE BY MUNICIPAL AUTHORITIES ONLY)

Is the proposed location for the Private Club, Private Wine Restaurant, Private Wine Bed and Breakfast, Private Wine Spa, or Tavern described consistent with the zoning ordinances or your Municipality as either a permitted use or a conditional use of such premises?

Yes _____ No _____

If the answer to the first question was "no," does your Municipality provide within its business zones suitable alternative locations for Private Club, Private Wine Restaurant, Private Wine Bed and Breakfast, Private Wine Spa, or Tavern?

Yes _____ No _____

Is the proposed location for the Private Club, Private Wine Restaurant, Private Wine Bed and Breakfast, Private Wine Spa, or Tavern herein described situated in an area designated for the use of community development block grant funds in the municipality?

Yes _____ No _____

If yes, is the planned use of the premises at the location herein described consistent with any plan adopted by the governing body of the municipality for revitalization of the area wherein the premises are situated?

Yes _____ No _____

Does the municipality have any restrictions or regulations prohibiting Limited Video Lottery?

Yes _____ No _____

Does the municipality have any restrictions or regulations prohibiting Exotic Dancing establishments?

Yes _____ No _____

Additional comments to the Alcohol Beverage Control Administration:

Approved By: Authorized Official Signature and Title

City/Town

Date:

**Return Original To: WVABCA
Licensing Division
900 Pennsylvania Avenue, 4th Floor
Charleston, WV 25302**