



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
PRIVATE CLUB BAR/ PRIVATE CLUB RESTAURANT/ FRATERNAL CLUB/PRIVATE CATERER/PRIVATE
MANUFACTURER CLUB/BREW PUB

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 AT ABCA.WV.GOV FOR MORE DETAILED INSTRUCTION AND REGARDING "SERVICES" AND NEW LICENSE TYPES OF A PRIVATE CLUB BAR, PRIVATE CLUB RESTAURANT, FRATERNAL CLUB, PRIVATE CATERER, PRIVATE MANUFACTURER CLUB OR BREWPUB.

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 – 192BRM)
- 2.) Release of Information & Waiver of Confidentiality of Records (ABCA-Lic. RIWCR.2)
- 3.) Alcohol Beverage Control Bond (ABCA-193) and Nonintoxicating Beer Bond (ABCA-194)
- 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, Business Check, Credit Card, Money Order, or Personal checks. 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.

BONDS – Applicants must have a \$1,000.00 Nonintoxicating Beer Bond and/or a \$5,000.00 Alcohol Beverage Control Bond completed on the form(s) provided by the WVABCA. (If applying for a Brew Pub only no bond is required.)

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.

Requirements --- Self-pour automated system - \$0 (Must hold a private club type license)

- A private club type may apply to the WVABCA to operate an approved self-pour automated system.
- All self-pour automated system equipment specifications must be submitted to the WVABCA for prior approval. The WVABCA will approve the system or reply back to the licensee submitting the system for approval, with any issues that the WVABCA has found that would prevent the system's approval.
- The self-pour automated system must account for the price differential and ounce differential between and among various nonintoxicating beer, hard cider, or wine being self-poured. If the system is unable to calculate the difference for wine, then a separate card may be used for wine self-pouring.
- Patrons must be verified as 21 years of age or older prior to being issued a self-pour automated payment card. The licensee or the licensee's employee must verify the patron's age.
- A self-pour automated system may only dispense a pre-paid serving of up to (32 ounces) of non-intoxicating beer before the payment card is reactivated and only after the person has been re-verified to be 21 years of age and matches the name on the payment card.
- A self-pour automated system may only dispense a pre-paid serving of up to (32 ounces) of hard cider before the payment card is reactivated and only after the person has been re-verified to be 21 years of age and matches the name on the payment card.
- A self-pour automated system may only dispense a pre-paid serving of up to (10 ounces) of wine before the payment card is reactivated and only after the person has been re-verified to be 21 years of age and matches the name on the payment card.
- Verification of age must be recorded by the licensee or the licensee's employee in a logbook or in some electronic record retention system for each payment card holder.
- The licensee or the licensee's employee must verify that patrons are not visibly or noticeably intoxicated prior to the issuance of a self-pour automated system payment card and/or prior to use after re-entry of a patron to a licensed premises, if the patron has left.

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
- Bonds
- Copy of menu
- Naturalization papers (if applicable)

FRATERNAL REQUIREMENTS:

1. A copy of the by-laws.
2. A list verifying the names, addresses and phone numbers of the officers of the national and/or state organization with which your organization is affiliated.
3. A list verifying the names, addresses and phone numbers of all dues-paying members.
4. A copy of all documents verifying membership in a national and/or state charter.
5. A copy of all documents verifying that the national and/or state charter with which your organization is affiliated permits lodges to seek a WVABCA license.
6. A copy of all motions and/or minutes where the president and/or officers of your organization were permitted or authorized by the membership to seek a WVABCA license.

WEST VIRGINIA ALCOHOL BEVERAGE CONTROL ADMINISTRATION

Revised 7/2025

APPLICATION FOR RETAIL LICENSE

CONSUMPTION “ON PREMISES”

**PRIVATE CLUB BAR/ PRIVATE CLUB RESTAURANT/FRATERNAL CLUB/PRIVATE
CATERER/PRIVATE MANUFACTURER CLUB/BREW PUB****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.

A. LIQUOR APPLICATION	B. SERVICES	C. APPLYING AS: (CHECK ONE)
<input type="checkbox"/> Fraternal Club..... \$900 <input type="checkbox"/> Private Club Bar (less than 1,000 members).....\$1,150 <input type="checkbox"/> Private Club Restaurant (less than 1,000 members).....\$1,150 <input type="checkbox"/> Private Club Bar (1000 + members).....\$2,650 <input type="checkbox"/> Private Club Restaurant (1000 + members).....\$2,650 <input type="checkbox"/> Private Manufacturer Club.....\$2,150 OPERATIONAL FEE Operational Fee\$100 This is a non-refundable and non-prorated fee to be paid with the filing of the application.	<input type="checkbox"/> Bottle Sales \$1,000 (On-premises consumption only) <input type="checkbox"/> Private Caterer (Private Club Restaurant only) \$1,000 <input type="checkbox"/> Corkage Option (Private Club Restaurant)\$0 <input type="checkbox"/> Pre-Mix Permit\$0 <input type="checkbox"/> Brew Pub (Resident Brewer only)\$500 <input type="checkbox"/> Off Premises Wine Sales... ..\$100 <input type="checkbox"/> Recork and Reseal Wine (Submit wine bag for approval) \$0 <input type="checkbox"/> Self-Pour Automated System (Private Club type only)\$0	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Limited Liability Company Only Associations, Corporations, or Limited Liability companies May apply for liquor license.

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
	/ /	- -		
	Date of Birth	Social Security Number	Telephone Number	YRS Resident of WV

Title	Name	Residence Address, City, State and Zip Code	% Ownership	Y/N
	/ /	- -		
	Date of Birth	Social Security Number	Telephone Number	YRS Resident of WV

Title	Name	Residence Address, City, State and Zip Code	% Ownership	Y/N
	/ /	- -		
	Date of Birth	Social Security Number	Telephone Number	YRS Resident of WV

Title	Name	Residence Address, City, State and Zip Code	% Ownership	Y/N
	/ /	- -		
	Date of Birth	Social Security Number	Telephone Number	YRS Resident of WV

Title	Name	Residence Address, City, State and Zip Code	% Ownership	Y/N
	/ /	- -		
	Date of Birth	Social Security Number	Telephone Number	YRS Resident of WV

Title	Name	Residence Address, City, State and Zip Code	% Ownership	Y/N
	/ /	- -		
	Date of Birth	Social Security Number	Telephone Number	YRS Resident of WV

Title	Name	Residence Address, City, State and Zip Code	% Ownership	Y/N
	/ /	- -		
	Date of Birth	Social Security Number	Telephone Number	YRS Resident of WV

Title	Name	Residence Address, City, State and Zip Code	% Ownership	Y/N
	/ /	- -		
	Date of Birth	Social Security Number	Telephone Number	YRS Resident of WV

Title	Name	Residence Address, City, State and Zip Code	% Ownership	Y/N
	/ /	- -		
	Date of Birth	Social Security Number	Telephone Number	YRS Resident of WV

**** 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, OR 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 & STATES).

- 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% STOCKHOLDER 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 THERE BE EXOTIC ENTERTAINMENT? YES ☐ NO ☐

(ONLY PRIVATE CLUB BARS MAY HOLD EXOTIC ENTERTAINMENT)

16) WILL YOU BE APPLYING FOR A LIMITED VIDEO LOTTERY LICENSE? YES ☐ NO ☐

17) IS THE APPLICANT'S LOCATION READY FOR AN INITIAL INSPECTION?

YES ☐ NO ☐

IF NO, WHAT IS THE PROJECTED DATE FOR THE INITIAL INSPECTION? _____

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

PRIVATE MANUFACTURER CLUB (QUESTIONS 19-20)

**(COMPLETE ONLY IF APPLYING FOR PRIVATE MANUFACTURER CLUB,
OTHERWISE SKIP)**

19) DO YOU OWN, LEASE, CONTROL, OPERATE AND USE SPACE THAT ARE CONTIGUOUS
BOUNDED OR FENCED REAL PROPERTY? YES ☐ NO ☐

20) ARE YOU A LICENSED DISTILLERY, MINI-DISTILLERY, MICRO-DISTILLERY, WINERY,
FARM WINERY, BREWER OR RESIDENT BREWER? YES ☐ NO ☐

LICENSES NO. _____

Private caterer (private club restaurant only) (questions 21-30) (complete only if applying for private caterer, otherwise skip)

- 21) Have you obtained an open container waiver or other wise been approved by a municipality or county for each unlicensed venue where an event is being held?

Yes ☐ No ☐ (must attach approval)

- 22) Do you operate a private club restaurant on a daily basis?

Yes ☐ No ☐ wvabca license number: _____

- 23) Provide the following:

Name of the unlicensed private venue: _____

Business address of unlicensed private venue: _____

(not more than 15 private catering events may be at the same unlicensed private venue per calendar year.)

- 24) Have you included a detailed floor plan listing building/structure where the unlicensed private venue will be held?

Yes ☐ No ☐ (must include adequate restrooms)

- 25) Have you included a detailed floor plan listing other facilities used to prepare and serve food?

Yes ☐ No ☐

- 26) Have you included on the floor plan any "extension" outdoor area within 150 feet of the unlicensed private venue that you are requesting to utilize? Yes ☐ No ☐

- 27) What age verification system do you plan to utilize during the unlicensed private venue event?

- 28) PLEASE PROVIDE A COPY OF WRITTEN AGREEMENT WITH ANY UNLICENSED VENUE.

- 29) IS THE UNLICENSED VENUE A PRIVATE HOME? YES ☐ NO ☐

- 30) WILL THE EVENT BE IN THE PRIVATE HOME OR OUTDOORS ON OWNER'S PROPERTY?

YES ☐ NO ☐

***Contracts are required for each event. Please include:**

- 1. Contract for unlicensed venue being used for catered event.**
- 2. Contract between caterer and person contracting with the caterer. Please include details, such as, services provided, fees, etc.**

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

(ADDENDUM B) ABCA-Lic. RIWCR.2

KNOW ALL MEN BY THESE PRESENTS:

That WE, _____

of _____ County, West Virginia, _____

ASSOCIATION

☐ doing business under the firm name

CORPORATION

ASSOCIATION APPLICANTS EXECUTE BELOW

Signed and dated this _____ day of _____, _____

ALL OWNERS MUST SIGN AS PRINCIPALS

Principal _____ (SEAL)

_____(SEAL)

_____(SEAL)

(SEAL)

_____(SEAL)

SURETY _____ (SEAL)

SURETY CORPORATE SEAL

BY _____

ITS _____ (TITLE)

COUNTERSIGNED BY: _____

WEST VIRGINIA RESIDENT AGENT OF SURETY

CORPORATION APPLICANTS EXECUTE BELOW

IN WITNESS WHEREOF, the said principal and the said surety have caused their respective corporate names to be signed hereto and their respective corporate seals to be hereunto affixed by their respective officials or agent thereunto duly authorized, and this bond is to be effective from the _____ day of _____, _____, to the 30th day of June, _____, unless sooner released by the State of West Virginia or cancelled by the surety after due notice to all parties concerned.

Signed and dated this _____ day of _____, _____

PRINCIPAL CORPORATE SEAL

PRINCIPAL _____ (Seal)

BY _____ (Seal)

SURETY _____ (Seal)

SURETY CORPORATE SEAL

BY _____ (Seal)

ITS _____ (Title)

ASSOCIATION ACKNOWLEDGMENT

STATE OF WEST VIRGINIA,

COUNTY OF _____, To-wit:

I _____, a Notary Public in and for the county and state aforesaid, do hereby certify that _____, who signed the writing above, or hereto annexed, for _____, an association, on the _____ day of _____, _____, (has) (have) this day in my said county, before me, acknowledged the said writing to be the act and deed of said association.

Given under my hand this _____ day of _____, _____

NOTARY PUBLIC

My commission expires on the _____ day of _____, _____.

CORPORATIONS - CORPORATION ACKNOWLEDGMENT

STATE OF WEST VIRGINIA,

COUNTY OF _____, To-wit:

I _____, a Notary Public in and for the county and state aforesaid, do hereby certify that _____, who signed the writing above, or hereto annexed, for _____, a corporation, on the _____ day of _____, _____, (has) (have) this day in my said county, before me, acknowledged the said writing to be the act and deed of said corporation.

Given under my hand this _____ day of _____, _____

NOTARY PUBLIC

My commission expires on the _____ day of _____, _____.

BONDING COMPANY - CORPORATE ACKNOWLEDGMENT

STATE OF WEST VIRGINIA,

COUNTY OF _____, To-wit:

I _____, a Notary Public in and for the county and state aforesaid, do hereby certify that _____, who signed the writing above, or hereto annexed, for _____, a corporation, on the _____ day of _____, _____, (has) (have) this day in my said county, before me, acknowledged the said writing to be the act and deed of said corporation.

Given under my hand this _____ day of _____, _____

NOTARY PUBLIC

My commission expires on the _____ day of _____, _____.

For Fiscal Year _____ to _____

NONINTOXICATING BEER BOND**THIS BOND MAY BE USED BY AN INDIVIDUAL, PARTNERSHIP, ASSOCIATION OR CORPORATION**

KNOW ALL MEN BY THESE PRESENTS:

That (I) (we), _____ being _____ / _____
If individual or partnership insert name of people Insert one above (County)
Corporation or association insert name of corporation or association An Individual, Partnership, Corporation, or Associationdoing business under the name of _____ / _____
(Mailing Address) (City)
West Virginia, as principal, and _____ a corporation authorized
(Name of corporate surety)

to do business in the State of West Virginia, as surety, are held and firmly bound unto the STATE OF WEST VIRGINIA in the full and just sum of One Thousand Dollars (\$1,000.00), to the payment whereof well and truly to be made, we bind ourselves, our successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION of the above obligation is such that whereas the above bound principal is about to obtain a license in pursuance of the provisions of: Article 16, Chapter 11 of the Code of West Virginia, of 1931, as amended, and regulations promulgated thereunder by the Commissioner, a CLASS A RETAIL DEALER'S LICENSE to sell nonintoxicating beer on the premises described in the application for such license.

NOW, THEREFORE, if the said principal shall faithfully observe the laws of the State of West Virginia, and regulations promulgated thereunder by the Commissioner, with respect to the distribution, sale and dispensing of nonintoxicating beer, then this obligation to be void; otherwise to remain in full force and effect, and if the license of said principal shall be revoked, then the full amount of this bond shall be forfeited to the State of West Virginia, and said amount when received by the State shall be credited to the state fund, general revenue.

This bond is executed in pursuance of the provisions of said Article 16, Chapter 11 of the Code of West Virginia, of 1931, as amended, and regulations promulgated thereunder by the Commissioner, and the pertinent provisions of said articles and regulations are hereby made a part of this bond.

INDIVIDUAL OR PARTNERSHIP APPLICANTS EXECUTE BELOW

IN WITNESS WHEREOF, the said principal(s) (has) (have) hereunto set (his) (their) hand and seal(s), and the said surety has caused its corporate name to be signed hereto and its corporate seal to be hereunto affixed by its official or agent thereunto duly authorized, and this bond is to be effective from the ____ day of _____, _____ to the 30th day of June _____, unless sooner released by the State of West Virginia or cancelled by the surety after due notice to all parties concerned.

Signed and dated this _____ day of _____, _____

(All Partners Must Sign As Principal)

Surety: _____

Principal: _____ (Seal)

Address: _____

(Seal)

BY: _____

(Seal)

(SURETY CORPORATE SEAL)

(Seal)**CORPORATE OR ASSOCIATION APPLICANTS EXECUTE BELOW**

IN WITNESS WHEREOF, the (said corporate principal) (said association principal) and the said surety have caused their respective names to be signed hereto and their respective seals to be hereunto affixed by their respective officials or agents thereunto authorized, and this bond is to be effective from the ____ day of _____, _____ to the 30th day of June _____, unless sooner released by the State of West Virginia or cancelled by the surety after due notice to all parties concerned.

Signed and dated this _____ day of _____, _____

Instructions For Signing

If Association or Fraternal Club has two owners, all must sign bond as Association principals. If ownership involves more than two persons, one officer or (owner) can be empowered to sign on behalf of Association. Corporation must be signed by President or Vice-President. If any other officer signs, attach corporate resolution or Power of Attorney permitting him to bind corporation.

Surety: _____

Address: _____

By: _____ (Seal)

Its: _____ (Title)

(Surety Corporate Seal)

Association _____ (Seal)

(Seal)_____
(Seal)

Principals: _____ (Seal)

Corporate Name: _____

By: _____ (Seal)

Its: _____ Title

Resident Agent: _____

Address: _____

Phone No: _____

Note: No. 1 -To be completed by Notary Public for an Individual or Partnership.
No. 2 -To be completed by Notary Public for a Corporation or an Association.
No. 3 -To be completed by Notary Public for Bonding Company Signature.

Power of Attorney should be attached and dated, notarized same day as issuance of bond.

NO. 1 - INDIVIDUAL OR PARTNERSHIP ACKNOWLEDGMENT

STATE OF WEST VIRGINIA,

COUNTY OF _____, To-wit:

I, _____, a Notary Public in and for the county and state aforesaid, do hereby certify that
_____, whose name(s) (is) (are) signed to the writing above or hereto annexed, bearing date on
the _____ day of _____, _____, (has) (have) this day acknowledged the same before me in my said county.
Given under my hand this _____ day of _____, _____.

Notary Public

My commission expires on the _____ day of _____, _____.

NO. 2- CORPORATION OR ASSOCIATION ACKNOWLEDGMENT

STATE OF WEST VIRGINIA,

COUNTY OF _____, To-wit:

I, _____ a Notary Public in and for the county and state aforesaid, do hereby certify that
_____, who signed the writing above, or hereto annexed, for, (a corporation) (an association), bearing
date on the _____ day of _____, _____, (has) (have) this day in my said county, before me,
acknowledged the said writing to be the act and deed of said (corporation) (association).

Given under my hand this _____ day of _____, _____.

Notary Public

My commission expires on the _____ day of _____, _____.

NO. 3-BONDING COMPANY - CORPORATE ACKNOWLEDGMENT (For Individual Signing For Surety)

STATE OF WEST VIRGINIA,

COUNTY OF _____ To-wit:

I, _____ a Notary Public in and for the county and state aforesaid, do hereby certify that
_____, Who signed to the writing above, or hereto annexed for _____, a corporation,
bearing date on the _____ day of _____, _____ (has) (have) this day in my said county, before me, acknowledged the
said writing to be the act and deed of said corporation.

Given under my hand this _____ day of _____, _____.

Notary Public

My commission expires on the _____ day of _____, _____.

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.

(Licensed premises must be a minimum of 500 square feet)

*If there are attached drawings please check: ☐

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

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

To: Municipal Clerk or Recorder

Entity Name: _____

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