



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

INSTRUCTIONS FOR COMPLETING APPLICATION FOR RETAIL LICENSE – ON-PREMISES

**Requirements – Private Resort Hotel**

- Has at least 5,000 members.
  - Offers short-term daily-rate accommodations or lodging for members and their guests amounting to at least 50 separate bedrooms.
  - Operates a restaurant and full kitchen with ovens, 6 burner ranges, walk-in freezers and other kitchen utensils and apparatus as determined by the commissioner on the licensed premises and serves freshly prepared food at least 25 hours per week.
  - Maintains \$5,000 of fresh food inventory which does not include microwavable, frozen, or canned foods.
  - Owns or leases, controls, operates and uses acreage amounting to at least 10 contiguous acres of bounded or fenced real property which would be listed on the applicant's floor plan and would be used for destination, resort and large contracted group-type events such as weddings, reunions, conferences, meetings and sporting or recreational events.
  - Lists the entire property and all adjoining buildings and structures on the Private Resort Hotel's floor plan which would comprise the licensed premises, which would be authorized for the lawful sales, service and consumption of alcoholic liquors throughout the licensed premises and floor plan, whether these activities were conducted in a building, structure or outdoors while on the Private Resort Hotel's licensed premises and on the Private Resort Hotel's floor plan.
  - Has an identified person, persons or entity that has right, title and ownership or lease interest in the real property buildings and structures located on the proposed licensed premises.
  - Utilizes an age verification system approved by the commissioner for persons under the age of 18.
- \* Additional Private Resort Hotel Areas – For applicants that obtain the 16-20 area license, additional licensed areas above the 20 areas may be purchased on a temporary basis for \$150 per area per day. The additional area(s) may be used for up to 7 days of temporary use, upon payment of the appropriate license fee(s).

**Requirements – Private Golf Club**

- Has at least 1,000 members.
- Maintains at least one, 18 hole, golf course with separate and distinct golf playing holes, not re-using 9 golf playing holes to comprise the 18 golf playing holes, a clubhouse, and offer electric or gasoline golf carts.
- Operates a restaurant and full kitchen with ovens, as determined by the commissioner, on the licensed premises and serves freshly prepared food at least 15 hours per week.
- Owns or leases, controls, operates and uses acreage amounting to at least 80 contiguous acres of bound or fenced real property which would be listed on the Private Golf Club's floor plan and could be used for golfing events and large contracted group-type events such as weddings, reunions, conferences, meetings and sporting or recreational events.
- Lists the entire property and all adjoining buildings and structures on the Private Golf Club's floor plan which would comprise the licensed premises, which would be authorized for the lawful sales, service and consumption of alcoholic liquors throughout the licensed premises whether these activities were conducted in a building, structure or outdoors while on the Private Golf Club's licensed premises and as noted on the Private Golf Club's floor plan.
- Has identified person, persons or entity that has right, title and ownership or lease interest in the real property buildings and structures located on the proposed licensed premises.
- Utilizes an age verification system approved by the commissioner for persons under the age of 18.

**PLEASE READ ALL OF THE INSTRUCTIONS CAREFULLY.**

ALL QUESTIONS ARE TO BE ANSWERED IN FULL. APPLICANT'S ACCURACY AND THOROUGHNESS IN COMPLETING THE APPLICATION FORM WILL ASSIST THE WVABCA IN PROCESSING THE APPLICATION AND PREVENT UNNECESSARY DELAYS.

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

Please find enclosed:

- 1) Application for Retail License Class A - Consumption On-Premises. (ABCA 192A - RG)
- 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 and designated outdoor areas.
- 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/descriptions 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.
- DEED AND/OR SURVEY PLAT – Must depict acreage amounts.
- 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 30<sup>th</sup> of the current licensing period. If applying for a license to be issued after December 31<sup>st</sup>, most license fees are semi-annually prorated to half the initial fee.
- LIVE SCAN FINGERPRINTING – All applicant(s) must complete a Live Scan Fingerprint in order to obtain a valid license. L-1 Identify Solutions/Morpho Trust will provide fingerprinting services for all WVABCA license applicants. Contact L-1 at **855-766-7746** or online at **L1enrollment.com** for information on fingerprinting, locations, scheduling appointments, and fee requirements. Please note due to federal requirements Live Scan Fingerprinting must be performed.
  - Fingerprint results MUST be sent to WVABCA directly from Morpho Trust(L-1).
  - NO REPORTS WILL BE ACCEPTED DIRECTLY FROM LICENSE APPLICANTS.
- BONDS – Applicants must have a \$1,000.00 Nonintoxicating Beer Bond and a \$5,000.00 Alcohol Beverage Control Bond completed on the form(s) provided by the WVABCA.

- HEALTH PERMIT – Applicants must provide a copy of a valid Health Permit issued in applicant’s name for the entire proposed premises. (If Association, LLC, 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 and LLCs must be duly certified and registered with the WV Secretary of State.

INSTRUCTIONS FOR SIGNING:

- a) If an Association, by **each** member of the governing board.
- b) If a Corporation, by **all** officers, or by other persons specifically authorized by corporate resolution. (copy of resolution must be enclosed)
- c) If a LLC, by **all** members.
- d) 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**

A 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 Department. Please include reason for closure, date business closed, and signature on back of license.

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

West Virginia Alcohol Beverage Control Administration  
ATTN: Licensing Division  
900 Pennsylvania Avenue, 4<sup>th</sup> Floor  
Charleston, WV 25302

**IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE PLEASE CALL THE WVABCA 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)
- Copy of Deed and/or Survey Plat
- 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

**WEST VIRGINIA ALCOHOL BEVERAGE CONTROL ADMINISTRATION**  
**APPLICATION FOR RETAIL LICENSE**  
**CONSUMPTION “ON-PREMISES”**  
**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;"><b>A.</b> <b>LIQUOR APPLICATION</b> <b>PRIVATE RESORT HOTEL</b></p> <p><input type="checkbox"/> Private Resort Hotel (5 or fewer designated areas) .....\$ 7,650  <input type="checkbox"/> Private Resort Hotel (at least 6 but no more than 10 designated areas) .....\$12,650  <input type="checkbox"/> Private Resort Hotel (at least 11 but no more than 15 designated areas) .....\$17,650  <input type="checkbox"/> Private Resort Hotel (no fewer than 16 but no more than 20 designated areas) ....\$22,650</p> <p style="text-align: center;"><b>*These fees include liquor, wine, and beer</b>  <b>*10 acres or more and has at least 50 separate bedrooms</b></p>	<p style="text-align: center;"><b>B.</b> <b>LIQUOR APPLICATION</b> <b>PRIVATE GOLF CLUB</b></p> <p><input type="checkbox"/> Private Club Golf Course.....\$4,150</p> <p style="text-align: center;"><b>*At least 1,000 members</b>  <b>* 80 acres bound or fenced and 18 hole</b>  <b>*These fees include liquor, wine, and beer</b></p>	<p style="text-align: center;"><b>C.</b> <b>ADDITIONAL PRIVATE RESORT HOTEL AREAS</b></p> <p><input type="checkbox"/> _____ # of day(s) per designated area.....\$150</p> <p style="text-align: center;">(Each additional area must hold a license)</p> <p style="text-align: center;"><b>*Up to 7-days may be issued only for licensee with 20 designated areas</b>  <b>*These fees include liquor, wine, and beer</b></p>	<p style="text-align: center;"><b>D.</b> <b>APPLYING AS:</b> <b>(CHECK ONE)</b></p> <p><input type="checkbox"/> Corporation  <input type="checkbox"/> Association  <input type="checkbox"/> LLC</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 (if different): \_\_\_\_\_

(STREET)

(CITY) (STATE) (ZIP CODE) (TELEPHONE)

5) SUPPLY THE FOLLOWING INFORMATION ABOUT OWNER(S) AND/OR OFFICER(S) AND MANAGER(S):

US Citizen\*\*

Title	Name	Residence Address	% Ownership	Y/N
	/ / Date of Birth	- - Social Security Number	_____ Telephone Number	_____ YRS Resident of WV
Title	Name	Residence Address	% Ownership	Y/N
	/ / Date of Birth	- - Social Security Number	_____ Telephone Number	_____ YRS Resident of WV
Title	Name	Residence Address	% Ownership	Y/N
	/ / Date of Birth	- - Social Security Number	_____ Telephone Number	_____ YRS Resident of WV
Title	Name	Residence Address	% Ownership	Y/N
	/ / Date of Birth	- - Social Security Number	_____ Telephone Number	_____ YRS Resident of WV

**\*\* IF NATURALIZED US CITIZEN, MUST SUBMIT COPY OF NATURALIZATION DOCUMENTS.**  
**NON-CITIZENS MAY BE LISTED AS OWNER OR DIRECTOR OF A CORPORATION ONLY.**

- 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 AND/OR LLC. STATE THE EXACT PERCENTAGE OF OWNERSHIP INTEREST FOR EACH PERSON LISTED.

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)  
 \*\*MUST PROVIDE DEED AND/OR SURVEY PLAT SHOWING ACREAGE FOR LOCATION\*\*

- 10) PLEASE LIST ALL INVESTORS, PERSONS OR ENTITIES PROVIDING LOANS OR FINANCIAL ASSISTANCE (INCLUDING GIFTS), AND ANY PERSON OR ENTITY WITH A FINANCIAL INTEREST IN THE APPLICANT.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11) DOES THIS LOCATION CURRENTLY HAVE A WVABCA LICENSE?  YES  NO  
IF YES, NAME OF LICENSED ESTABLISHMENT: \_\_\_\_\_  
LICENSE #: \_\_\_\_\_

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

13) ARE THE APPLICANT'S PROPOSED 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) \_\_\_\_\_

14) LIST THE DISTANCE TO THE NEAREST:  
A) CHURCH \_\_\_\_\_  
B) SCHOOL \_\_\_\_\_  
C) RESIDENCE \_\_\_\_\_  
D) GOVERNMENT OFFICE \_\_\_\_\_

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

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? \_\_\_\_\_

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 Code 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 West Virginia 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 by reason of the request for such information.

The undersigned hereby verify that we are all officers and all members 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. **OFFICER(S), INDIVIDUAL, OR MEMBER(S) SIGNATURES MUST BE NOTARIZED AND MUST MATCH OFFICERS LISTED WITH THE WV SECRETARY OF STATE'S OFFICE. 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 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 this said writing to be the act and deed of said Corporation, Association, or LLC.

(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



Applicant/Entity Name: \_\_\_\_\_

Doing Business As (DBA) Name: \_\_\_\_\_

**WEST VIRGINIA**  
**ALCOHOL BEVERAGE CONTROL ADMINISTRATION**

**RELEASE OF 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 Federal Bureau of Investigation 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.

<b>Name: Must include owner's, officer's, member's and manager's printed and written signature(s).</b>	<b>Title</b>	<b>Date</b>

# West Virginia Alcohol Beverage Control Administration

## Floor Plan

License period: \_\_\_\_\_ - \_\_\_\_\_

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 license must be licensed. Note, for a Private Resort Hotel applicant, you must list all designated areas. Also for a Private Golf Club applicant list all structures, areas and the 18 hole golf courses(s).

Submit (1) Copy to WVABCA.

Must Give Dimensions.

Keep (1) Copy at Licensed Premises.

LIST ENTIRE PROPERTY

(Private club must be a minimum of 500 square feet)



**\*If there are attached drawings please check: \_\_\_\_\_ (additional drawings must be signed)**

<u>Size of Area</u> (Room, Outside Area(s), Outside Structure) (Width, Length) (Ex. 24' X 36")	<u>Location</u> (Floor, property or area)	<u>Seating Capacity</u>	<u>Description &amp; Name</u> (Serving, Kitchen, Storage, & Etc.)

I or we hereby certify that the floor plan above and/or attached are the only areas 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.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_