INSTRUCTIONS FOR COMPLETING APPLICATION FOR RETAIL CLASS B LICENSE-OFF PREMISES

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 find enclosed:

1.) Application for Retail License, Consumption off Premises, Class B (ABCA – 192B)
2.) Release of Information & Waiver of Confidentiality of Records (ABCA-Lic. RIWCR.2)
3.) Floor Plan (ABCA-Lic.FP3), give dimensions of licensed premises
4.) Zoning Form (ABCA-Lic.Z.2)

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

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 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 http://uenroll.identogo.com for information on fingerprinting, locations, scheduling appointments, and fee requirements.

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

NO REPORTS WILL BE ACCEPTED DIRECTLY FROM LICENSE APPLICANTS.

WV SECRETARY OF STATE – All Associations, Corporations, Limited Liability, 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.

WINE APPLICATIONS – Each type of specialty wine application license is described below:

Wine Retail ($150.00) – “Wine Retailer” means a person licensed to sell wine at retail to the public at his or her established place of business for off-premise consumption.

Wine Specialty Shop ($250.00) – “Wine Specialty Shop” means a retailer who shall deal principally in the sale of table wine, non-fortified dessert wines, wine accessories and food or foodstuffs normally associated with wine and: (a) Who shall maintain representative number of such wines for sale in his/her inventory which are designated by label as varietal wine, vintage, generic and/or according to region of production and the inventory shall contain not less than fifteen percent vintage or vintage-dated wine by actual bottle count: (b) who, any other provisions of this code to the contrary notwithstanding, may maintain an inventory of Port, Sherry, Madeira wines having an alcoholic content not more than twenty-two percent alcohol by volume and which have been matured in wooden, barrels or casks.

Wine Specialty Shop Tasting ($400.00) – This license is a combination of the Wine Specialty Tasting ($150.00) and the Wine Specialty Shop ($250.00) licenses. This license allows a wine specialty shop to serve complimentary samples of wine in moderate quantities for tastings. Such wine specialty shop shall organize a wine taster’s club, which has at least fifty duly elected members or approved dues-paying members in good standing. Such club shall meet on the wine
specialty shop’s premises not more than one time per week and shall either meet at a time when the premises are closed to the general public, or shall meet in a separate segregated facility on the premises to which the general public is not admitted. **Must have a Wine Specialty Shop license to obtain a Wine Specialty Shop Tasting License.**

**Wine Specialty Shop Sampling** ($150.00) – This license allows a wine specialty shop to conduct special wine sampling events at a licensed wine specialty shop location during regular hours of business. The wine specialty shop may serve up to three complementary samples of wine, consisting of no more than one ounce each, to any one consumer in one day. **Must have a Wine Specialty Shop license to obtain a Wine Specialty Shop Sampling License. Note: A Wine Specialty Shop ($250.00) may add Wine Specialty Shop Tasting ($150.00) = $400.00, or add the Wine Specialty Shop Sampling ($150.00) = $400.00, or add both for a combined total of $550.00.**

**Wine Tasting “Farm Winery”** ($150.00) – This License allows a farm winery to attend fairs and festivals they have listed on Wine Tasting at a Festival, Fair or Special Event (ABC-Lic.w.1) form, that has been submitted to and approved by the WVABCA Commissioner. The license allows the approved farm winery to provide samples served in moderate quantities, which serving size will not exceed two ounces and bottles of wine sold for off-premise consumption. All wines Port, Sherry, or Madeira offered or sold at the fair or festival must be offered or sold by the farm winery which produced the product.

**BUSINESS CLOSURE**

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
☐ 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)
WEST VIRGINIA ALCOHOL BEVERAGE CONTROL ADMINISTRATION
APPLICATION FOR RETAIL LICENSE
CONSUMPTION "OFF PREMISES"
CLASS B
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. WINE APPLICATION
- Wine Retail ....................................................... $150
- Wine Specialty .................................................. $250
- Wine Specialty/ Tasting ....................................... $400
- Wine Sampling* .................................................. $150
- Wine Tasting “Farm Winery” ............................... $150

* Wine sampling only available to Wine Specialty license holders.

B. BEER APPLICATION
- Carry-out ......................................................... $150

C. APPLYING AS: (CHECK ONE)
- Individual
- Partnership
- Limited Partnership
- Corporation
- Association
- Limited Liability Corporation

Email (Required): Fax Number: WV TAX I.D./FEIN:

1.) Applicant/Entity Name:

2.) Doing Business As (DBA) Name:

3.) Business Address:

4.) Mailing Address (required):

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

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
<th>Residence Address, City, State and Zip code</th>
<th>% Ownership</th>
<th>US Citizen**</th>
<th>Y/N</th>
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** IF NATURALIZED US 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”**

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE OF ARREST</th>
<th>CHARGE</th>
<th>DISPOSITION OF ARREST</th>
<th>LOCATION OF COURT (COUNTY &amp; STATE)</th>
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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.**

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>SOC. SEC. #</th>
<th>%OWNERSHIP</th>
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8.)

9.) 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

10.) 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)

11.) DOES THIS LOCATION CURRENTLY HAVE A WVABCA LICENSE? ☐ YES ☐ NO

    IF YES, NAME OF LICENSED ESTABLISHMENT:

    LICENSE #: 
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) __________________________________________

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

13.) IS THE APPLICANT’S LOCATION READY FOR AN INITIAL INSPECTION? YES □ NO □
      IF NO, WHAT IS THE PROJECTED DATE FOR THE INITIAL INSPECTION? _______________________

14.) ESTIMATED RETAIL SALES PER MONTH OF FOOD AND FOOD PRODUCTS
      (FOR THE TABLE): __________________________________________
      ESTIMATE BASEDON:__________________________________________

15.) 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: ____________________________

President, Individual or Controlling Member(s)

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 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.

<table>
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<tr>
<th>Name: Must include owner's, officer's, member's and manager's printed and written signature(s).</th>
<th>Title</th>
<th>Date</th>
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(Addendum B) ABCA-Lic.RIWC.R2
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 applicant must be licensed.

SUBMIT (1) COPY TO WVABCA. MUST GIVE DIMENSIONS. KEEP (1) COPY AT LICENSED PREMISES.

(Private club 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.)
<table>
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<tr>
<th>Room or Outside Structure (Width, Length) (Example: 24’ X 36”)</th>
<th>Located on What Floor</th>
<th>Seating Capacity</th>
<th>Location (Serving, Kitchen, Storage, Etc...)</th>
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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 Division)

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 front portion of the form.

To: Municipal Clerk or Recorder

Under the requirements set forth in W.Va. State Code § 11-16-8(a)(5), a person intending to apply for a license to operate an WVABCA licensed Class B establishment 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 WVABCA. Pursuant to this requirement, notice is herein given that the following intends to apply to the WVABCA for a license to operate a Class B licensed establishment issued pursuant to the provisions of § 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: __________________________

________________________________________________________________________

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: ________________

(Municipality to fill out reverse side of form) ABCA-Lic.Z.2
(FOR USE BY MUNICIPAL AUTHORITIES ONLY)

1. Is the proposed location for the Class B "Carry-Out" described consistent with the zoning ordinances of your Municipality as either a permitted use or a conditional use of such premises?
   Yes____   No____

2. If the answer to the first question was "No" does your Municipality provide within its zoning requirements suitable alternative locations for Class B "Carry-Outs"?
   Yes____   No____

3. Additional comments to the Alcohol Beverage Control Administration:
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

4. Is the proposed location situated in a "Dry County" or in a Town/Municipality designated as a "Dry" area.
   Yes____   No____   Unsure____

Approved By: Authorized Official Signature and Title

__________________________________________

City/Town

Date:______________________________________

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