



**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 OUTLET LICENSE - OFF PREMISE

Please read all instructions carefully. All questions are to be answered in full. Applicants accuracy and thoroughness in completing the application form will assist this office in processing the application and prevent unnecessary delays. **Applicants must type or print (in ink) all answers on all forms.**

Please find enclosed:

- a) Application for Retail Outlet License, Consumption Off Premise, Class B (ABCA-192BLS)
- b) Release of Information & Waiver of Confidentiality of Records (ABCA-Lic.RIWCR.2)
- c) Floor Plan (ABCA-Lic.FP3), give dimensions of licensed premises
- d) Zoning Form (ABCA-Lic.Z.2)

INSTRUCTIONS

- 1) All questions and/or descriptions must be answered. The application must be signed and notarized.
- 2) **YEAR/COUNTY/ZONE** – Fill in the blanks at top of form to denote current Fiscal Year, the County and License Zone.
- 3) **LICENSE TYPE** – Indicate the type(s) of license desired in the appropriate box(es) at the beginning of the application form.
 - a. **Liquor Applications** – Check one of the two boxes indicating if the outlet is a Class A Retailer/Freestanding Liquor Retail Outlet or a Class B Retailer/Mixed Retail Liquor Outlet.
 - b. **Wine Applications** – The checking of items in this box indicates the license(s) being applied for; each type of specialty wine license is described below:
 - i. **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.
 - ii. **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 a 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 of not more than twenty-two percent alcohol by volume and which have been matured in wooden barrels or casks.
 - iii. **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.*

- iv. **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 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.*
 - c. **Beer Applications** – Checking this box indicated that the establishment will be selling beer at retail for off-premise consumption.
 - d. **Applying As** – The applicant will check the appropriate “entity type” in this box.
WV SECRETARY OF STATE – All Associations, Corporations, Limited Liability Corporations, Non-Profit Clubs, and Fraternal Organizations must be duly certified and registered with the WV Secretary of State. Fraternal Organizations must contact the ABCA Licensing Department for additional requirements.
- 4) **EMAIL, FAX NUMBER and WV TAX I.D./FEIN** – Complete the blanks to provide the Email address of the main contact, and record the Fax Number and WV Tax I.D./FEIN of the applicant.
 - 5) **ANSWER ALL REMAINING QUESTIONS (1-24).** – If any question or description cannot be completed in the available space on the application, please submit additional pages as needed. Indicate on the additional pages which question you are answering (print the Entity and DBA Name on the additional pages).
 - 6) **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 West Virginia ABCA.
 - 7) **LIVE SCAN FINGERPRINTING** – All applicants must complete a Live Scan Fingerprint in order to obtain a valid license. L-1 Identity Solutions/Morpho Trust will provide fingerprinting services for all WVABCA license applications. Appointments are preferred and may be made by calling L-1 at 855-766-7746 or online at L1enrollment.com. The charge for the fingerprinting and background check is \$45.35. The WVABCA does not pay this fee. Applicants will be required to submit payment for the fingerprints by either check or money order at the site. **NO CREDIT CARDS ARE ACCEPTED AT THE SITE.** Payment by credit or debit card may be made online if appointment is scheduled online. When completing the application, please have the fingerprint result report forwarded to: WVABCA, Attention: Licensing Division, 900 Pennsylvania Avenue, 4th Floor, Charleston, WV 25302. Fingerprint result reports **MUST** be sent to the WVABCA directly from L-1. **NO REPORTS WILL BE ACCEPTED DIRECTLY FROM LICENSE APPLICANTS.**
 - 8) **PICTURES** – Pictures of the front entrance, surrounding area of the building, and groceries within the establishment must be submitted.

9) INSTRUCTIONS FOR SIGNING:

- a. If an individual, by the owner
- b. If a partnership, by each member of the partnership
- 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

10) SPECIAL OCCUPATION TAX – 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.

11) BUSINESS CLOSURE – Upon sale or closure of the applicant’s business, the license must be returned to the ABCA Licensing Department. The license will not be abandoned, rented, leased, given, loaned, or sold to another.

12) CHECKLIST OF FORMS/PAPERS TO RETURN TO THE WVABCA LICENSING DIVISION:

- Application Form ABCA-192BLS
- License fee(s)
- Addendum A (floor plan)
- Pictures
- Addendum B (waiver)
- Addendum C (zoning) Form Completed by Applicant & Municipality if Within City Limits or, Zoning Form Completed by Applicant & Letter from County Commission if Outside City Limits
- Corporation, Associate, or Limited Liability Company Agreement, Certificate, and Trade Name Certificate, if applicable
- Copy of valid lease (if not the owner of the building)

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

West Virginia Alcohol Beverage Control Administration
ATTN: Licensing Department
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.

APPLICATION FOR RETAIL OUTLET LICENSE
CONSUMPTION "OFF PREMISE"

FOR FISCAL YEAR _____ TO _____

COUNTY: _____

ZONE: _____

PLEASE CHECK ALL APPROPRIATE BOXES BELOW. BE SURE TO CHECK THE BOX(ES) BESIDE EACH (ALL) OF THE LICENSES FOR WHICH YOU ARE APPLYING. LIQUOR STORES MUST BE FRANCHISED BEFORE LICENSE APPLICATIONS ARE PROCESSED.

A. LIQUOR APPLICATION <input type="checkbox"/> Class A Retailer/ Freestanding Liquor Retail Outlet \$2000 <input type="checkbox"/> Class B Retailer/ Mixed Retail Liquor Outlet \$2000	B. WINE APPLICATION <input type="checkbox"/> Wine Retail \$150 <input type="checkbox"/> Wine Specialty \$250 <input type="checkbox"/> Wine Specialty/Tasting \$400 <input type="checkbox"/> Wine Sampling \$150* *Wine Sampling only available to Wine Specialty licensees.	B. BEER APPLICATION <input type="checkbox"/> Carry-out \$150	C. APPLYING AS: (check one) <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
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Email: _____ Fax Number: _____ WV TAX I.D./FEIN: _____

1. Licensee/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).

TITLE	NAME	RESIDENCE ADDRESS	% OWNERSHIP	US Citizen **
_____	_____ 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
TITLE	NAME	RESIDENCE ADDRESS	% OWNERSHIP	Y / N
_____	_____ DATE OF BIRTH	_____ SOCIAL SECURITY NUMBER	_____ TELEPHONE NUMBER	_____ YRS RESIDENT OF WV

**IF A NATURALIZED US CITIZEN, PLEASE ATTACH A WRITTEN EXPLANATION OF WHEN AND WHERE NATURALIZED.

6. CRIMINAL HISTORY-THE FOLLOWING IS A RECORD OF **ALL CONVICTED ARRESTS** OF THE OWNERS, PARTNERS, OFFICERS, DIRECTORS, MEMBERS AND/OR MANAGERS. ALL APPLICANTS WILL BE CHECKED THROUGH THE SECURITY DIVISION AT THE WV LOTTERY. 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.

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. **PREMISE TO BE LICENSED.**
 LIST COMPLETE INFORMATION ON ADDENDUM A (FLOOR PLAN) FULL VIEW PICTURES OF THE FRONT ENTRANCE AND SURROUNDING AREA OF THE BUILDING.

10. SQUARE FOOTAGE OF THE RETAIL FLOOR SPACE: _____

11. OWNER OF PREMISES TO BE LICENSED (PROPERTY OWNER'S NAME) _____
 IF NOT PROPERTY OWNER, APPLICANT MUST HOLD A VALID LEASE. EXPIRATION DATE OF LEASE: _____
 ATTACH A COPY OF THE LEASE.

ADDRESS OF PROPERTY OWNER _____

12. ARE YOU THE SUCCESSFUL BIDDER AND WINNER OF THE 10 YEAR (2010-2020) RETAIL OUTLET LICENSE?
 YES NO

IF YOU ARE NOT THE OWNER OF THE 10 YEAR (2010-2020) RETAIL OUTLET LICENSE, DO YOU LEASE FROM THE OWNER? YES NO

LIST THE OWNER: _____
 EXPIRATIN DATE OF THE LEASE: _____

ATTACHED A COPY OF THE LEASE FOR THE 10 YEAR (2010-2020) RETAIL OUTLET LICENSE.

13. DOES THIS LOCATION CURRENTLY HAVE AN ABCA LICENSE? YES NO
 IF YES, NAME OF LICENSED ESTABLISHMENT: _____
 LICENSE # _____

14. IS THE APPLICANT'S LOCATION WITHIN AN INCORPORATED MUNICIPALITY OR WITHIN ONE MILE OF THE CORPORATE LIMITS OF ANY MUNICIPALITY? YES NO

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

16. HAS APPLICANT SUBMITTED A "SPECIAL TAX REGISTRATION AND RETURN" APPLICATION TO THE ALCOHOL AND TOBACCO TRADE BUREAU (TTB)? YES NO

17. NUMBER OF EMPLOYEES WORKING IN THIS LOCATION BETWEEN THE AGES OF 16 AND 18 YEARS OF AGE: _____

18. IS THE APPLICANT'S LOCATION READY FOR AN INITIAL INSPECTION? YES NO

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

RETAIL NON-INTOXICATING BEER:

19. ESTIMATED RETAIL SALES PER MONTH OF FOOD AND FOOD PRODUCTS
(FOR THE TABLE): _____
ESTIMATE BASED ON: _____

WINE SPECIALTY SHOP REQUIREMENTS:

IF A WINE SPECIALTY SHOP, THE ESTABLISHMENT MUST STOCK ACCESSORIES AND FOOD OR FOOD ITEMS ASSOCIATED WITH WINE.

IF A WINE SPECIALTY SHOP, THE ESTABLISHMENT MUST STOCK WINE INVENTORY WHICH INCLUDES FIFTEEN PERCENT (15%) VINTAGE OR DATED WINES.

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 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, Individual, Partnership, Limited Partnership. **PRESIDENT, INDIVIDUAL, OR CONTROLLING MEMBER(S) SIGNATURES MUST BE NOTARIZED! MUST MATCH OFFICERS LISTED WITH THE SECRETARY OF STATE. MANAGERS MUST ALSO SIGN.**

PRINT CLEARLY/WITTEN 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: _____

(*MUST HAVE MANAGER(S) SIGNATURE(S).)

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

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 licensee must be licensed.

Submit (1) copy to ABCA.

(Give Dimensions)

Keep (1) copy at licensed premises.



***If there are attached drawings please check: _____ (additional drawings must be signed).**

***Complete information on reverse side of form.**

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 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.

Name: Must include owner's, officer's, member's and manager's printed and written signature(s).	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 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: _____

(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**