



Licensing Period _____ to _____

Business Type:

- Individual Limited Liability Co.
 Partnership Corporation
 Limited Partnership Association

Application or License Number: _____

Office Use Only
Application Number: _____

West Virginia Alcohol Beverage Control Administration

900 Pennsylvania Avenue, Charleston, West Virginia 25302

(304)356-5500

Non-Retail Nonintoxicating Beer License Application

<input type="checkbox"/> Brewer/Importer License Answer Questions 1-12 Complete Section I Brewer <input type="checkbox"/> Importer <input type="checkbox"/> License Fee: \$1,500.00 Operational Fee: \$100.00	<input type="checkbox"/> Resident Brewer License Answer Questions 1-12 Complete Section III License Fee: \$1,500 Operational Fee: \$100.00	<input type="checkbox"/> Representative Permit Answer Questions 1-3, 5-6 & 8-12 Complete Section II Brewer/Importer Representative <input type="checkbox"/> Resident Brewer Representative <input type="checkbox"/> Distributor Representative <input type="checkbox"/>	<input type="checkbox"/> Distributor License Answer Questions 1-12 Complete Section III License Fee: \$1,000.00 Operational Fee: \$100.00
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1. Licensee (Representative): _____ 4. EIN #: _____
2. Employer Name: _____ 5. Business Telephone: _____
3. Employer Mailing Address: _____ 6. Employer Physical Address: _____
- _____
 City State Zip City State Zip

* 7. Supply the following information about owners, officers, directors, members and/or managers. **100% Ownership must be disclosed.**

Title	Name	Residence Address	Yrs. WV Residency
Date of Birth	Social Security Number	Telephone Number	% Ownership **US Citizen
Title	Name	Residence Address	Yrs. WV Residency
Date of Birth	Social Security Number	Telephone Number	% Ownership **US Citizen
Title	Name	Residence Address	Yrs. WV Residency
Date of Birth	Social Security Number	Telephone Number	% Ownership **US Citizen

*Use a separate sheet if necessary. **If not a US Citizen, please attach a written explanation of when and where naturalized.

8. Contact Person: _____
- Telephone Number: _____ E-Mail: _____

If questions 9-12 are answered yes, a written statement must be attached to the application for license.

9. Has the applicant or any officer been convicted of:
 A) Felony? _____ B) Violation of Federal or State Alcohol Laws? _____ C) Criminal Offense (misdemeanor) within the last years? _____
10. Has applicant been refused any type of alcohol license or permit in any state? _____
11. Has applicant or any officer had:
 A) A hearing before the WVABCA Commissioner? _____ B) Any type of WVABCA license or permit sanctioned? _____
12. Does the applicant, officers, directors or any blood relative own any of the following used by any retail licensee:
 A) Real estate? _____ B) Buildings? _____ C) Equipment? _____

Section I

Brewer/Imports located outside of West Virginia

Date and State Formed: _____

Date qualified to transact business in West Virginia: _____

**Attach Certified copies of Corporate Charter/Articles, LLC Certificate of Formation/Articles of Organization, copy of Certificate of Authority filed with the West Virginia Secretary of State Office; This applies to all entitles formed outside the State of West Virginia.*

Section II

*Representatives for Brewer/Importers,
Resident Brewers and Wholesalers*

Employer: _____

Employer Address: _____

Employer Telephone Number: _____

Applicant Telephone Number: _____

Applicant E-mail _____

Date of current employment: _____

Social Security Number: _____

Date of Birth: _____

Applicant Residence Address: _____

Have you ever had a license with any other licensed Brewer/Importer or Wholesaler? If yes, name and address of such: _____

**Affix 2" x 3"
color photo of
Brewer Representative
Applicant here.**

Section III

Distributors and Resident Brewers

West Virginia County in which business is physically located: _____

**Attach Certified copies of Corporate Charter/Articles, LLC Certificate of Formation/Articles of Organization.*

Does applicant hold a valid lease? _____ Expiration date of lease: _____

**Attach copy of valid lease.*

Property owner/Leaser name/address and phone number: _____

Do the premises conform to all health, fire and zoning regulations? _____

Should the applicant fail to fully carry out and fulfill in every respect the laws of West Virginia, then the Commissioner shall have the right to terminate or revoke this license or permit and declare forfeited the penalty of the bond (if a bond is required for the selected license type). However, it is agreed and understood by and between the parties hereto that before such bond shall be forfeited a hearing shall be held in the Office of the West Virginia Alcohol Beverage Control Commissioner in the City of Charleston, Kanawha County, West Virginia, after ten (10) days written notice to the applicant, setting forth the charge or charges and the time and place of hearing thereon and which said notice shall be served the applicant by registered mail at the address hereinabove set forth.

Instructions for signing application (attach additional sheet if necessary)

- 1) Partnership/Limited Partnership: Must be signed by all partners;
- 2) Ltd. Liability Company: Must be signed by all members;
- 3) Association: Must be signed by all members;
- 4) Corporation: Must be signed by an officer in the corporation;
- 5) Individual: Signature of that individual;
- 6) *Representatives must sign on their own behalf

Signature(s), Title(s) of applicant(s) thereunto duly authorized

State of: _____ County of: _____

Subscribed and sworn to before me this _____ day of _____, _____.

(Notary Public) _____

My commission expires the _____ day of _____, _____.