



**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  
VAPE AND SMOKE SHOP LOCATION**

**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.

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

Please find enclosed:

- 1.) Application for Vape and Smoke Shop Location (ABCA – VSA1)
- 2.) Release of Information & Waiver of Confidentiality of Records (ABCA-Lic. RIWCR.2)
- 3.) Floor Plan (ABCA-Lic.FP3), give dimensions of the entire floor space for the licensed premises. The floor plan must indicate where electronic cigarettes, tobacco products and accessories, tobacco derived products and alternative nicotine products or vapor products and accessories are located or stored.
- 4.) 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 documents 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 Checks, Money Order, Personal Checks or Credit Card. Cash will not be accepted. Make checks payable to the WVABCA.

The Vape and Smoke Shop license is valid from the issue date to June 30<sup>th</sup> of the current licensing period. If applying for a license to be issued after January 1st, the license will be 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.**

WV SECRETARY OF STATE – All Associations, Corporations, Limited Liability Companies, Limited Partnership, Trusts, and Estates 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
- e.) If a trust, all trustees or members
- f.) If a limited liability company, by all members.
- g.) Manager(s) must be listed and sign the application.

**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. The license may not be transferred to another person or location.

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

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

**You should review W. Va. Code §16-9H-1 et seq., prior to completing this application.**

See the **Warning Page** for appropriate labeled and marketed products (beginning March 1, 2027), advertising restrictions (beginning July 1, 2027), and required label warnings (starting immediately).

**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/DOCUMENTS 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
- Naturalization papers (if applicable)
- Partnership agreement or corporate resolution, if applicable

# WEST VIRGINIA ALCOHOL BEVERAGE CONTROL ADMINISTRATION

## APPLICATION FOR RETAIL LICENSE

### VAPE AND SMOKE SHOP LOCATION

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><b>A.</b> <b>APPLICATION</b></p> <p><input type="checkbox"/> Vape and Smoke Shop..... \$1,200</p>	<p><b>B.</b> <b>APPLYING AS:</b> <b>(CHECK ONE)</b></p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Limited Partnership</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Association</p> <p><input type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> Trusts</p> <p><input type="checkbox"/> Estates</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 (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. ALL PERSONS WITH CONTROL OF THE APPLICANT MUST BE LISTED.

U.S. Citizen\*\*

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

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_____ Date of Birth	_____ Social Security Number	_____ Telephone Number	_____ Years Resident of WV	

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

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

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

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

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

**\*\* IF NATURALIZED U.S. CITIZEN, MUST SUBMIT COPY OF NATURALIZATION DOCUMENTS. ALL APPLICANTS MUST BE US CITIZENS.**

**TITLE REFERS TO CORPORATE OFFICERS, PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER, MANAGER, OR MEMBER.**

6) CRIMINAL HISTORY- THE FOLLOWING IS A RECORD OF **ALL CONVICTED ARRESTS** OF THE OWNERS, PARTNERS, OFFICERS, DIRECTORS, MEMBERS, KEY PERSONNEL, MANAGERS, AND/OR PERSONS IN CONTROL. 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 INTEREST IN THE APPLICANTS' CORPORATION, ASSOCIATION, PARTNERSHIP, LIMITED PARTNERSHIP, TRUSTS, ESTATE, 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, PERSON OR PERSON IN CONTROL OF THE APPLICANT 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) DOES THIS LOCATION CURRENTLY HAVE A WV REGISTRATION OF HEMP RETAILERS AND DISTRIBUTORS FROM THE WV DEPARTMENT OF AGRICULTURE?

YES  NO

12) DOES THIS LOCATION CURRENTLY HAVE A WV REGISTRATION OF KRATOM RETAILERS AND DISTRIBUTORS FROM THE WV DEPARTMENT OF AGRICULTURE?

YES  NO

13) DOES THIS LOCATION CURRENTLY HAVE A DRUG PARAPHERNALIA LICENSE FROM THE WV TAX DIVISION?

YES  NO

14) LIST THE DISTANCE TO THE NEAREST:

A.) CHURCH \_\_\_\_\_ \*

B.) SCHOOL \_\_\_\_\_ \*

C.) DAYCARE \_\_\_\_\_ \*

D.) RESIDENCE \_\_\_\_\_

E.) GOVERNMENT OFFICE \_\_\_\_\_

F.) VAPE STORE \_\_\_\_\_

\*MUST BE LOCATED AT LEAST 300 FEET FROM A CHURCH, SCHOOL OR DAYCARE, CALCULATED BY MEASURING A STRAIGHT LINE FROM THE VAPE AND SMOKE SHOP ENTRANCE TO THE PROPERTY LINE OF LOCATIONS "A" THROUGH "C" LISTED ABOVE.

15) DOES ANY PERSON RESIDE WITHIN THE PROPOSED PREMISES OR IN A CONNECTED OR ACCESSIBLE ROOM?

YES  NO

16) 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 §§16-9H-1 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 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, Trust, or Estate. 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

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 electronic cigarettes, tobacco-derived products, vapor products, and accessories 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: \_\_\_\_\_ to \_\_\_\_\_

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

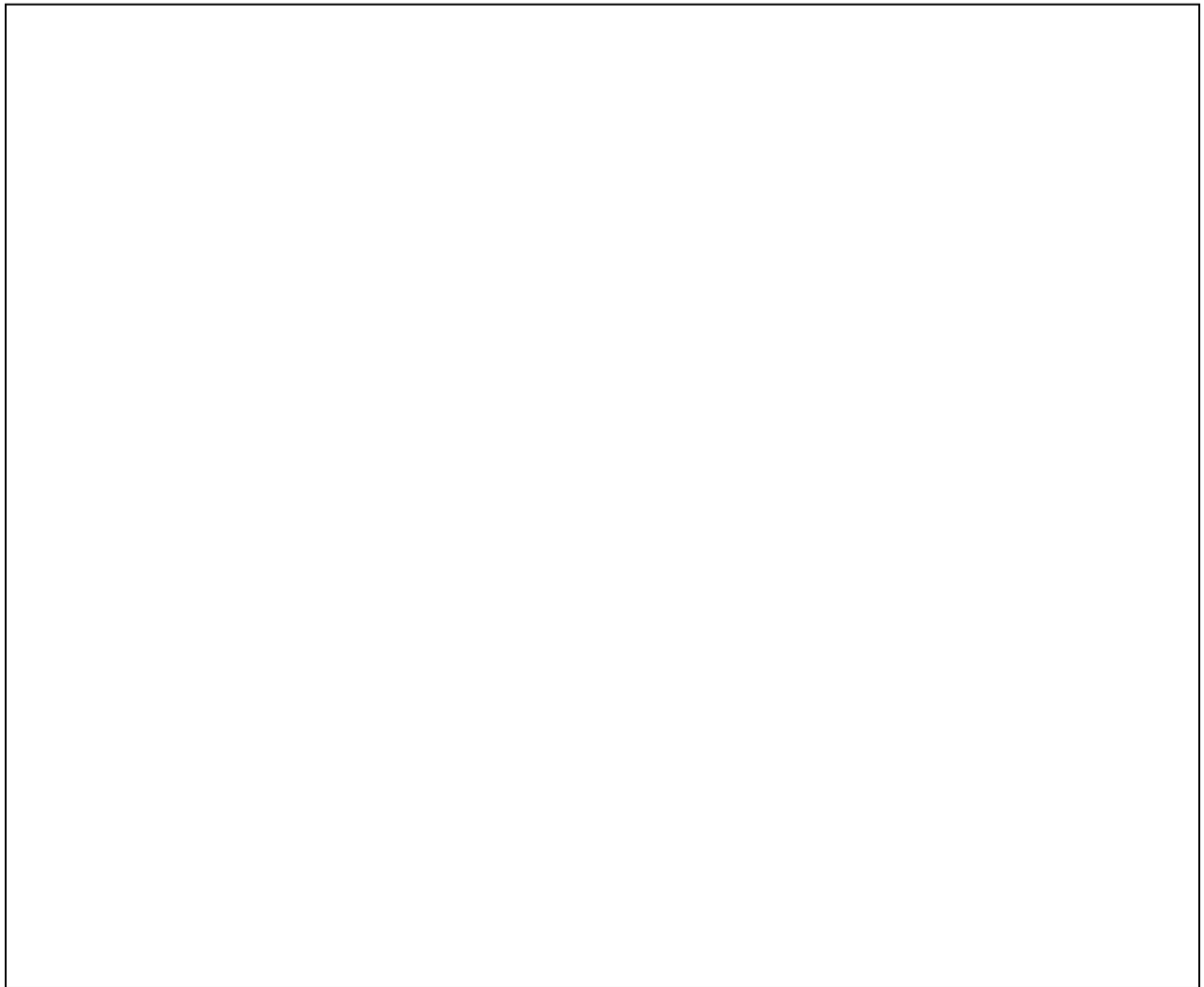
Doing Business As (DBA) Name: \_\_\_\_\_

County: \_\_\_\_\_

Floor plan **must** include **all areas under the control or lease of the applicant** on the floor space where electronic cigarettes, tobacco products and accessories, tobacco derived products and alternative nicotine products or vapor products and accessories are to be stored or sold. 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.**





## Zoning Form

**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. Code §16-9H-1 *et seq.*, a person intending to apply for a license to operate a WVABCA licensed Vape or Smoke Shop must meet licensure requirements. The WVABCA requires that any Vape or Smoke Shop applying to operate 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 Vape or Smoke Shop pursuant to the provisions of W.Va. Code §16-9H-1 *et seq.* and 175 CSR 12.

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)

\*Use additional sheet for signatures if needed.

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 is to fill out the reverse side of the form)

**(For Use by Municipal Authorities Only)**

1. Is the proposed location for the Vape or Smoke Shop 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 a Vape or Smoke Shop?

Yes\_\_\_ No\_\_\_

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

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**Approved By: Authorized Official Signature and Title**

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**City/Town**

**Date:** \_\_\_\_\_

**Return Original To: WVABCA  
Licensing Division  
900 Pennsylvania Avenue, 4<sup>th</sup> Floor  
Charleston, WV 25302**