

## 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**