



**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  
RETAIL CLASS A LICENSE-ON PREMISES  
TAVERN**

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 VISIT THE WVABCA WEBSITE [WWW.ABCA.WV.GOV](http://WWW.ABCA.WV.GOV) FOR MORE DETAILED INSTRUCTIONS REGARDING "SERVICES" AND NEW LICENSE TYPES IN HB 2025.

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

Please find enclosed:

- 1.) Application for Retail License, Consumption on Premises, Class A (ABCA – 192T)
- 2.) Release of Information & Waiver of Confidentiality of Records (ABCA-Lic. RIWCR.2)
- 3.) Nonintoxicating Beer Bond (ABCA-194)
- 4.) Floor Plan (ABCA-Lic.FP3), give dimensions of licensed premises
- 5.) 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 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 checks payable to the WVABCA.

All retail licenses are valid from issue date to June 30<sup>th</sup> of the current licensing period. If applying for a license to be issued after December 31<sup>st</sup>, 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 <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. FOR BEER GROWLERS, SEE GROWLER FORM.**

BOND – Applicants must have a \$1,000.00 Nonintoxicating Beer Bond. Completed on the form(s) provided by the WVABCA.

HEALTH PERMIT – Applicants must provide a copy of a valid Health Permit issued in applicant’s name. (If Association, Limited Liability Company, or Corporation, the Health Permit must be issued in the business entity name and list the DBA name.)

WV SECRETARY OF STATE – All Associations, Corporations, Limited Liability Companies, 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. A copy of the TTB form must be submitted with application to the WVABCA.

**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.

**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

**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
- Copy of Valid Health Permit
- 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
- Bond
- Naturalization papers (if applicable)

FRATERNAL REQUIREMENTS:

- 1.) A copy of the by-laws.
- 2.) A list verifying the names, addresses and phone numbers of the officers of the national and/or state organization with which your organization is affiliated.
- 3.) A list verifying the names, addresses and phone numbers of all dues-paying members.
- 4.) A copy of all documents verifying membership in a national and/or state charter.
- 5.) A copy of all documents verifying that the national and/or state charter with which your organization is affiliated permits lodges to seek a WVABCA license.
- 6.) A copy of all motions and/or minutes where the president and/or officers of your organization were permitted or authorized by the membership to seek a WVABCA license.

WEST VIRGINIA ALCOHOL BEVERAGE CONTROL ADMINISTRATION

APPLICATION FOR RETAIL LICENSE

CONSUMPTION "ON PREMISES"

TAVERN

CLASS A

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 style="text-align: center;"><b>A.</b> BEER APPLICATION</p> <p><input type="checkbox"/> Fraternal.....\$150</p> <p><input type="checkbox"/> Tavern.....\$150</p> <p><input type="checkbox"/> Brew Pub.....\$500 (Resident Brewers Only)</p> <p><b>*Must hold Resident Brewer License prior to applying for Brew Pub License</b></p> <hr/> <p style="text-align: center;"><b>Operational Fee</b></p> <p>Operational Fee.....\$100</p> <p><b>*This is a non-refundable and non-prorated fee to be paid with the filing of the application.</b></p>	<p style="text-align: center;"><b>B.</b> APPLYING AS: (CHECK ONE)</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>
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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 U.S. Citizen\*\*

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

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

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

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

**\*\* IF NATURALIZED U.S. 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, MEMBER.**



11) THE LICENSE APPLIED FOR IS NOT FOR ANY COLLEGE FRATERNITY OR SORORITY AND THE PROPOSED LOCATION OF THE PREMISES HAS NOT BEEN DETERMINED BY LAW TO BE A PUBLIC NUISANCE, EXCEPT AS FOLLOWS: \_\_\_\_\_  
\_\_\_\_\_

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) \_\_\_\_\_

13.) LIST THE DISTANCE TO THE NEAREST:  
A.) CHURCH \_\_\_\_\_  
B.) SCHOOL \_\_\_\_\_  
C.) RESIDENCE \_\_\_\_\_  
D.) GOVERNMENT OFFICE \_\_\_\_\_

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

15.) WILL YOU BE APPLYING FOR A LIMITED VIDEO LOTTERY LICENSE? 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? \_\_\_\_\_

17.) 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:

\_\_\_\_\_, 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**  
**RELEASE OF CONFIDENTIAL 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 FBI 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.

**Must be completed by all owners, officers, members and managers.**

Printed Name	Written Signature	Title	Date



For Fiscal Year \_\_\_\_\_ to \_\_\_\_\_

### NONINTOXICATING BEER BOND

#### THIS BOND MAY BE USED BY AN INDIVIDUAL, PARTNERSHIP, ASSOCIATION OR CORPORATION

KNOW ALL MEN BY THESE PRESENTS:

That (I) (we), \_\_\_\_\_ being \_\_\_\_\_ / \_\_\_\_\_  
If Individual or partnership insert name of people Corporation or association insert name of corporation or association Insert one above An Individual, Partnership, Corporation, or Association (County)

doing business under the name of \_\_\_\_\_ / \_\_\_\_\_  
(Mailing Address) (City)  
West Virginia, as principal, and \_\_\_\_\_ a corporation authorized  
(Name of corporate surety)

to do business in the State of West Virginia, as surety, are held and firmly bound unto the STATE OF WEST VIRGINIA in the full and just sum of One Thousand Dollars (\$1,000.00), to the payment whereof well and truly to be made, we bind ourselves, our successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION of the above obligation is such that whereas the above bound principal is about to obtain a license in pursuance of the provisions of: Article 16, Chapter 11 of the Code of West Virginia, of 1931, as amended, and regulations promulgated thereunder by the Commissioner, a CLASS A RETAIL DEALER'S LICENSE to sell nonintoxicating beer on the premises described in the application for such license.

NOW, THEREFORE, if the said principal shall faithfully observe the laws of the State of West Virginia, and regulations promulgated thereunder by the Commissioner, with respect to the distribution, sale and dispensing of nonintoxicating beer, then this obligation to be void; otherwise to remain in full force and effect, and if the license of said principal shall be revoked, then the full amount of this bond shall be forfeited to the State of West Virginia, and said amount when received by the State shall be credited to the state fund, general revenue.

This bond is executed in pursuance of the provisions of said Article 16, Chapter 11 of the Code of West Virginia, of 1931, as amended, and regulations promulgated thereunder by the Commissioner, and the pertinent provisions of said articles and regulations are hereby made a part of this bond.

#### INDIVIDUAL OR PARTNERSHIP APPLICANTS EXECUTE BELOW

IN WITNESS WHEREOF, the said principal(s) (has) (have) hereunto set (his) (their) hand and seal(s), and the said surety has caused its corporate name to be signed hereto and its corporate seal to be hereunto affixed by its official or agent there unto duly authorized, and this bond is to be effective from the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ to the 30th day of June \_\_\_\_\_, unless sooner released by the State of West Virginia or cancelled by the surety after due notice to all parties concerned.

Signed and dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(All Partners Must Sign As Principal)

Surety: \_\_\_\_\_

Principal: \_\_\_\_\_ (Seal)

Address: \_\_\_\_\_

\_\_\_\_\_ (Seal)

\_\_\_\_\_

\_\_\_\_\_ (Seal)

BY: \_\_\_\_\_

\_\_\_\_\_ (Seal)

(SURETY CORPORATE SEAL)

#### CORPORATE OR ASSOCIATION APPLICANTS EXECUTE BELOW

IN WITNESS WHEREOF, the (said corporate principal) (said association principal) and the said surety have caused their respective names to be signed hereto and their respective seals to be hereunto affixed by their respective officials or agents thereunto authorized, and this bond is to be effective from the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ to the 30th day of June \_\_\_\_\_, unless sooner released by the State of West Virginia or cancelled by the surety after due notice to all parties concerned.

Signed and dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

#### Instructions For Signing

If Association or Fraternal Club has two owners, all must sign bond as Association principals. If ownership involves more than two persons, one officer or (owner) can be empowered to sign on behalf of Association. Corporation must be signed by President or Vice-President. If any other officer signs, attach corporate resolution or Power of Attorney permitting him to bind corporation.

Surety: \_\_\_\_\_

Association \_\_\_\_\_ (Seal)

Address: \_\_\_\_\_

\_\_\_\_\_ (Seal)

By: \_\_\_\_\_ (Seal)

\_\_\_\_\_ (Seal)

Its: \_\_\_\_\_ (Title)

(Surety Corporate Seal)

Principals: \_\_\_\_\_ (Seal)

Corporate Name: \_\_\_\_\_

By: \_\_\_\_\_ (Seal)

Its: \_\_\_\_\_ Title

Resident Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Note: No. 1 -To be completed by Notary Public for an Individual or Partnership.  
No. 2 -To be completed by Notary Public for a Corporation or an Association.  
No. 3 -To be completed by Notary Public for Bonding Company Signature.

Power of Attorney should be attached and dated, notarized same day as issuance of bond.

**NO. 1 - INDIVIDUAL OR PARTNERSHIP ACKNOWLEDGMENT**

STATE OF WEST VIRGINIA,

COUNTY OF \_\_\_\_\_, To-wit:

I, \_\_\_\_\_, a Notary Public in and for the county and state aforesaid, do hereby certify that \_\_\_\_\_, whose name(s) (is) (are) signed to the writing above or hereto annexed, bearing date on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, (has) (have) this day acknowledged the same before me in my said county.  
Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**NO. 2- CORPORATION OR ASSOCIATION ACKNOWLEDGMENT**

STATE OF WEST VIRGINIA,

COUNTY OF \_\_\_\_\_, To-wit:

I, \_\_\_\_\_ a Notary Public in and for the county and state aforesaid, do hereby certify that \_\_\_\_\_, who signed the writing above, or hereto annexed, for, (a corporation) (an association), bearing date on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, (has) (have) this day in my said county, before me, acknowledged the said writing to be the act and deed of said (corporation) (association).

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**NO. 3-BONDING COMPANY - CORPORATE ACKNOWLEDGMENT**  
(For Individual Signing For Surety)

STATE OF WEST VIRGINIA,

COUNTY OF \_\_\_\_\_ To-wit:

I, \_\_\_\_\_ a Notary Public in and for the county and state aforesaid, do hereby certify that \_\_\_\_\_, Who signed to the writing above, or hereto annexed for \_\_\_\_\_, a corporation, bearing date on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (has) (have) this day in my said county, before me, acknowledged the said writing to be the act and deed of said corporation.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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** 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.**



\*If there are attached drawings please check: \_\_\_\_\_



**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 obverse (front) portion of the form.**

**To: Municipal Clerk or Recorder**

Under the requirements set forth in 60-7-4a and/or 11-16-8(a)(5) of the W. Va. State Code, a person intending to apply for a license to operate an ABCA licensed Private Club, Private Wine Restaurant or Tavern 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 Alcohol Beverage Control Administration. Pursuant to this requirement, **notice** is herein given that the following intends to apply to the WVABCA for a license to operate a Private Club, Private Wine Restaurant, Private Wine Bed and Breakfast, Private Wine Spa, or Tavern issued pursuant to the provisions of §§ Chapter 60, Article 7 and Article 8 and/or 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: \_\_\_\_\_  
\_\_\_\_\_

Food Services to be Offered: \_\_\_\_\_  
\_\_\_\_\_

Patron Capacity: \_\_\_\_\_

**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)

Is the proposed location for the Private Club, Private Wine Restaurant, Private Wine Bed and Breakfast, Private Wine Spa, or Tavern described consistent with the zoning ordinances or your Municipality as either a permitted use or a conditional use of such premises?

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

If the answer to the first question was "no," does your Municipality provide within its business zones suitable alternative locations for Private Club, Private Wine Restaurant, Private Wine Bed and Breakfast, Private Wine Spa, or Tavern?

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

Is the proposed location for the Private Club, Private Wine Restaurant, Private Wine Bed and Breakfast, Private Wine Spa, or Tavern herein described situated in an area designated for the use of community development block grant funds in the municipality?

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

If yes, is the planned use of the premises at the location herein described consistent with any plan adopted by the governing body of the municipality for revitalization of the area wherein the premises are situated?

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

Does the municipality have any restrictions or regulations prohibiting Limited Video Lottery?

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

Does the municipality have any restrictions or regulations prohibiting Exotic Dancing establishments?

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

Additional comments to the Alcohol Beverage Control Administration:

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

**City/Town**

**Date:**

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