



**STATE OF WEST VIRGINIA  
DEPARTMENT OF REVENUE  
ALCOHOL BEVERAGE CONTROL  
ADMINISTRATION  
900 Pennsylvania Avenue, 4<sup>th</sup> Floor  
Charleston, WV 25302**

**INSTRUCTIONS FOR REPRESENTATIVE' S LICENSE APPLICATION (FORM ABCC-WS-181)**

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 ALL FORMS**

**INSTRUCTIONS**

1. All questions and/or descriptions must be answered.
2. The application must be signed and notarized.
3. If any questions/descriptions cannot be completed in the available space on the application, please submit additional pages as needed.
4. Each additional page submitted must include entity name, DBA name, and indicate which question applicant is answering.
5. 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.
6. 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.

Fees:

- Distillery/Liquor Representative license is \$100.00 for full year.
- Wine Supplier Representative license is \$100.00 for full year.
- If a Representative for wine and liquor the fee is \$200.00. If the license for a Distillery/Wine Supplier Representative is issued for less than a full year (January 1 through June 30), the fee may be prorated to 50% of the yearly fee.
- (In State) Wine Distributor Representative \$0 (no fee).

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

West Virginia Alcohol Beverage Control Administration  
ATTN: Wine Licensing  
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.**



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

**Application for Representative's License**

Wine Supplier Representative  
Answer Questions 1-33  
License Fee: \$100

Distillery/Liquor Representative  
Answer Questions 1-33  
License Fee: \$100

(In State) Wine Distributor  
Representative  
Answer Questions 1-33  
License Fee: \$0

**Representative (Applicant)**

- 1. Name: \_\_\_\_\_
- 2. DOB: \_\_\_\_\_ 3. SSN: \_\_\_\_\_
- 4. Home Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
- 5. Home/Mobile #: \_\_\_\_\_
- 6. Email: \_\_\_\_\_

**Distillery, Wine Supplier or Wine Distributor Company**

- 7. Name: \_\_\_\_\_
- 8. Business Phone: \_\_\_\_\_
- 9. FEIN: \_\_\_\_\_
- 10. Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
- 11. Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
- 12. Company Contact: \_\_\_\_\_
- 13. Email: \_\_\_\_\_

**Broker Company** (if applicant is an employee of a Broker Company, complete questions 14-18, otherwise proceed to question 19.)

- 14. Name: \_\_\_\_\_
- 15. Business Phone: \_\_\_\_\_
- 16. Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
- 17. Company Contact: \_\_\_\_\_
- 18. Email: \_\_\_\_\_

**Applicant:** (If your answer is yes to any of the questions 19-26, a written explanation, including date(s) and charge(s) must be attached).

- 19. Has applicant or any officer been:
  - a. Convicted of a felony? Yes  No
  - b. Convicted of a violation of federal or state alcohol laws? Yes  No
  - c. Convicted of a criminal offense (misdemeanor) within the last 5 years? Yes  No
  - d. Refused any type of alcohol license or permit in any state? State \_\_\_\_\_ Yes  No
- 20. Has applicant or any officer had:
  - a. A hearing before the WVABCA Commissioner? Yes  No
  - b. Any type of WVABCA license or permit sanctioned? Yes  No
- 21. Has applicant been refused any type of alcohol license or permit in any state? Yes  No
- 22. Does applicant or any blood relative hold any real estate, buildings or equipment used by any WV wine retail licensee? Provide name, address and interest. Yes  No
- 23. Does applicant or any blood relative hold any interest in a license wine retailer in West Virginia? Yes  No
- 24. Is the applicant, spouse of the applicant, or any blood relative or employee of the West Virginia Alcohol Beverage Control Administration? Provide name of person and relationship. Yes  No
- 25. Is the applicant, spouse of the applicant, or any blood relative an elected or appointed state, county or municipal official? Provide name of person, relationship and office held. Yes  No
- 26. Is the applicant, or spouse of the applicant, a member or officer of any political party executive committee

of West Virginia?

Yes  No

27. Has the applicant, during the previous fiscal year, made or given, voluntarily or on request, a gift, contribution, money or property to an employee of the WVABCA, or to any West Virginia licensed wine distributor or retailer, or to or for the benefit of any political party committee or campaign fund?

Yes  No

If yes, how much \$ \_\_\_\_\_ To whom \_\_\_\_\_

28. Is the applicant a salaried employee of the company to be represented?

Yes  No

29. Is the applicant employed by a broker of the company to be represented?

Yes  No

30. Will applicant receive any hidden benefits or bonuses in addition to the salary promised?

Yes  No

31. What is applicant's present employment or what has recently been applicant's employment, business, or profession? \_\_\_\_\_

32. Does applicant intend to continue employment or business connections in addition to this application?

Yes  No

33. Will applicant represent wine products in West Virginia?

Yes  No

34. The monetary total of all wine sales made by the applicant to West Virginia licenses wine distributors during the previous fiscal year. \$ \_\_\_\_\_ If not a full year, what portion? \_\_\_\_\_

35. Will applicant represent liquor products in West Virginia?

Yes  No

36. The monetary total of all alcoholic liquor sales made by the applicant to the Commissioner during the previous fiscal year \$ \_\_\_\_\_ If not a full year, what portion? \_\_\_\_\_

37. The monetary total of the gross income received by the applicant on the above listed liquor/wine sales. \$ \_\_\_\_\_

38. Does the applicant hold a WVABCA retail license?

Yes  No

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 Administration in the city of Charleston, West Virginia, after ten (10) days written notice to the applicant, setting forth the charge and the time and place of hearing thereon said notice shall be served the applicant by registered mail at the address hereinabove set forth.

**TO BE COMPLETED BY THE REPRESENTATIVE AND NOTARY**

STATE OF \_\_\_\_\_,

COUNTY OF \_\_\_\_\_, to wit:

\_\_\_\_\_  
Signature of Sales Representative



Given under my hand and official seal this \_\_\_\_ day of \_\_\_\_\_. \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Commission Expires

**TO BE COMPLETED BY THE OWNER, AN OFFICER, DIRECTOR OR MANAGER OF THE COMPANY LISTED IN QUESTION #7 or #14**

I affirm that the above- named applicant is an authorized representative of this company and will be employed by this company if the requested license is issued. I agree to notify the Commissioner, in writing, if the above-named applicant ceases to represent our company.

Name of Company \_\_\_\_\_

Printed Name

Signature

Title

STATE OF \_\_\_\_\_,  
COUNTY OF \_\_\_\_\_, to wit:



Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Commission Expires