



Virginia Alcoholic Beverage Control Authority
Bureau of Law Enforcement



www.abc.virginia.gov | 800.552.3200 | 7450 Freight Way · Mechanicsville, VA 23116

INSPECTION REPORT

LICENSEE INFORMATION

License Number: _____ Region: _____
T/A: _____ Agent: _____
Address: _____ Inspection Date: From: _____ To: _____
Phone Number: _____ Inspection Time: From: _____ To: _____

By signing this statement, I am acknowledging my express consent to Special Agent(s) of Virginia Alcoholic Beverage Control Authority to conduct a complete inspection of the licensed premises to include examining and inspecting such place and all records, invoices, and accounts therein in accordance with the provisions of §4.1-204 and 3VAC5-70-90 of the Code of Virginia.

Licensee (signature): _____ (print): _____

- NO VIOLATIONS NOTED
FOLLOWING VIOLATIONS NOTED

Table with 4 columns: CHARGE #, CHARGE DESCRIPTION, WARNING, HEARING. Lists various violations such as 'License not posted', 'Designated manager not posted', etc.

Table with 3 columns: Inspection Item, Yes, No. Lists items like 'ABC License Posted', 'Designated Manager Posted', 'Other Local/State/Federal Licenses Posted', etc.

Comments/Suggestions: _____

Compliance/Issues: _____

Licensee (signature): _____

(print): _____

Agent (signature): _____

(print): _____

Questions? Contact the Special Agent in Charge for your region.