



APPLY for a LICENSE APPLICATION TUTORIAL



Virginia Alcoholic Beverage
Control Authority

NOTE: Screen shots can be accessed by clicking the links in the instructions. Additional steps not listed below are required for certain banquet applications.

INSTRUCTIONS

Helpful TIPS:

- For optimal performance when using the VAL system, we recommend Google Chrome or Microsoft Edge. Please know that VAL is not compatible with Safari or mobile devices. The VAL login is hosted on the [Virginia ABC](#) website and can also be accessed by selecting VAL System from the Licensing drop-down and clicking on the orange bar labeled returning users and check status.
- If you are not sure which License you need to apply for, use the online Wizard. The Wizard will display the recommended License, how long the application and ABC processing may take, and the list of required documents.
- You should tab in and out of formatted fields such as FEIN, social security numbers, phone numbers and date of birth to avoid getting an error message. The dashes must be entered in the social security field.
- FEIN number is mandatory when applying for a license or a permit.
- Fields with asterisks are required. Any field that has a question mark inside a circle gives additional information about that field.
- Some screens require you to scroll down to continue the application.
- If you do not have an account, refer to the “How to Create an Account and Sync Your License Records” video tutorial.

[Apply for a Privilege](#)

[Add a Business Entity](#)

[Add an Individual Entity](#)

[Submit an Application](#)

Apply for a Privilege

1. Click on [VAL Login](#)
2. Select [Create>Create Application](#).
3. Click the checkbox to accept the [General Disclaimer](#). Click **Continue Application**.
4. Click [Licenses>Apply for a Privilege](#). Click **Continue Application**.
5. Select an application type from one of the categories on the [License Information>Available Applications](#) page (Retail, Industry, Importer and Wholesaler, Internet Retailer). Click **Continue Application**.
6. If applicable, make a selection on the [License Information>Shipper Applications](#) page. Click **Continue Application**.
7. Select a response on the [License Information>COOP](#) page. Click **Continue Application**.
8. Enter required fields in the **Address** section of the [License Information>Business Location](#) page. Click **Continue Application**.
9. Click **Add New** in the **Business Entity** section of the [Contact Information>Business Contact Details](#) page.

10. Enter required fields for the business entity on the [Contact Information](#) page. Scroll down and click **Add Contact Address**.
11. Select **Address Type>Mailing** on the [Contact Address Information](#) page. Enter required fields for the business entity. Click **Save and Close**, then click **Continue Application**.
12. Click **Add New** in the **Contact** section of the [Contact Information>Business Contact Details](#) page.
13. Select **Individual** and enter required fields on the [Contact Information](#) page. Scroll down and click **Add Contact Address**.
14. Select **Address Type>Mailing** on the [Contact Address Information](#) page. Enter required fields for the individual contact. Click **Save and Close**, then click **Continue Application**.
15. Scroll down and click **Continue Application** on the [Contact Information>Business Contact Details](#) page.
16. Click **Add a Row** on the [Contact Information>Entity Hierarchy](#) page.
17. Select **Type>Individual** on the [Entity Relationships](#) page. Enter required fields. Click **Submit**.
18. Click **Continue Application** on the [Contact Information>Entity Hierarchy](#) page.
19. Review information on the [Review](#) page. Click **Continue Application**.
20. Click **Open** beside the first form listed on the [Associated Forms](#) page. Proceed to one of the following sections based on the forms listed.

Business Entity Form	Add a Business Entity
Individual Entity Form	Add an Individual Entity
Application	Submit an Application

Add a Business Entity

1. Click **Open** beside the Business Entity form listed on the [Associated Forms](#) page. (NOTE: Contact information entered previously is copied onto this page.)
2. Click **Add Contact Address** on the [Contact Details>Business Contact Details](#) page.
3. Select **Address Type>Mailing** on the [Contact Address Information](#) page. Enter required fields for the business entity. Click **Save and Close**, then click **Continue**.
4. Enter required fields in the Custom Fields section (Business Info and Non-Profit Info subsections) on the [Business Information>Business Information](#) page.
5. Scroll down to [State Corporation Commission](#) section. If selecting **Yes** to the first question, provide the existing SCC Entity ID. Search results will return with related records. Enter remaining required fields. Click **Continue Application**.
6. Click **Add** on the [Attachments](#) page.

7. Click **Add** on the [File Upload](#) page.
8. Navigate to the file and click **Open** to attach all required files. Click **Continue**.
9. Select **Type** and enter **Description** for all files on the [Attachments](#) page. Click **Save** then **Continue Application**.
10. Review information on the [Review](#) page. Accept certification at the bottom of the page. Click **Continue Application**.
11. Proceed to next form listed on the [Associated Forms](#) page. Proceed to one of the following sections based on the forms listed.

Individual Entity Form	Add an Individual Entity
Application	Submit an Application

Add an Individual Entity

1. Click **Open** beside the Individual Entity form listed on the [Associated Forms](#) page. (NOTE: Contact information entered previously is **not** copied to this page.)
2. Click **Edit** under the Individual Entity name on the [Associated Individual>Contact Information](#) page.
3. Click **Add Contact Address** on the [Contact Details>Business Contact Details](#) page.
4. Enter required fields on the [Contact Information](#) page. Scroll down and click **Add Contact Address**. **Indiv or Org?**
5. Select **Address Type>Mailing** on the [Contact Address Information](#) page. Enter required fields. Click **Save and Close**, then click **Continue**.
6. Click **Continue Application** after reviewing information on the [Associated Individual>Contact Information](#) page.
7. Enter required fields for Personal Data, Organizational Relationships, and Background Data sections on the [Associated Individual>Contact Details](#) page. If applicable, complete Custom Lists and Criminal Offenses. Click **Continue Application**.
8. Click **Add** on the [Attachments](#) page.
9. Click **Add** on the [File Upload](#) page.
10. Navigate to the file and click **Open** to attach all required files. Click **Continue**.
11. Select **Type** and enter **Description** for all files on the [Attachments](#) page. Click **Save** then **Continue Application**.
12. Review information on the **Review** page. Accept certification at bottom of page. Click **Continue Application**.
13. Proceed to the application on the **Associated Forms** page.

Submit an Application

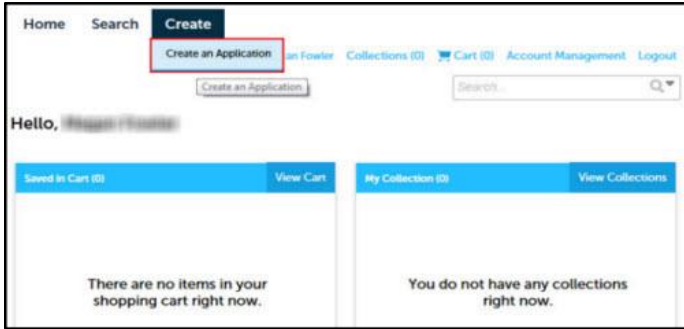
1. Click **Open** to launch the application form.

2. Verify the address on the [Review>Business Location](#) page. Complete **Establishment Info** section then click **Continue Application**.
3. Review information on [Review>Contact](#) page then click **Continue Application**.
4. Complete required fields on the [Application Information](#) page then click **Continue Application**. (NOTE: Questions vary by license type.)
5. Complete required fields on [Application Information>License Details](#) page. Click **Continue Application**.
6. If prompted, enter **Delivery or Keg** information then click **Continue Application**.
7. Click **Add** on the [Attachments](#) page.
8. Click **Add** on the [File Upload](#) page.
9. Navigate to the file and click **Open** to attach all required files. Click **Continue**.
10. Select **Type** and enter **Description** for all files on the [Attachments](#) page. Click **Save** then **Continue Application**.
11. If desired, add Comments then click **Continue Application**.
12. Review information on the **Review** page. Accept certification at bottom of page. Click **Continue Application**.
13. Click **Continue to Payment** on the Associated Forms page.
14. Review Fees then click **Check Out**.
15. Click **Checkout** on the [Cart](#) page.
16. Click **Proceed with Payment** on the [Payment](#) page.
17. Enter [Payment](#) then click **Submit Payment**. Application record numbers are listed after payment is processed.
18. [Receipt Record Issuance Page](#) loads

END OF WRITTEN INSTRUCTIONS

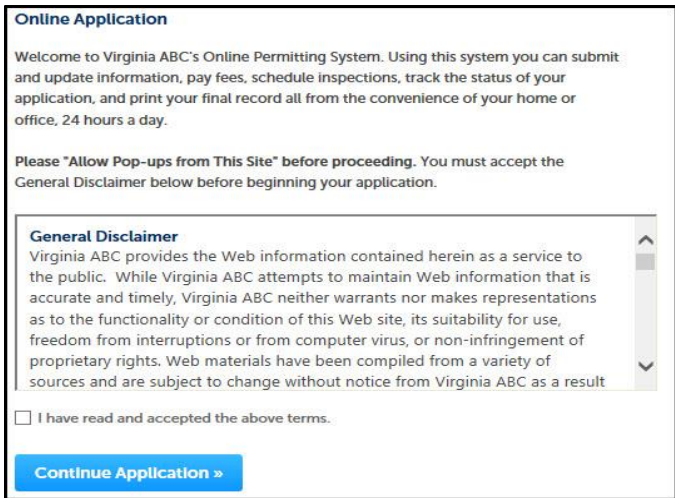
SCREEN HELP

Create>Create Application



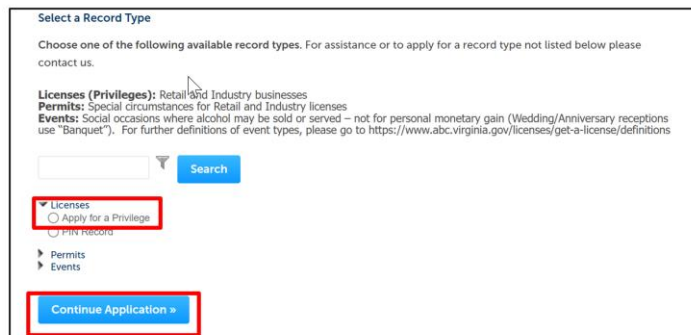
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General Disclaimer



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Licenses>Apply for a Privilege



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License Information>Available Applications

Step 1: License Information > Available Applications
 Please review [website](#) to determine which license you need. * indicates a required field.

Retail Applications

LICENSE INFO

What is the type of retail business conducted at the establishment? :
 --Select--

Industry Applications

INDUSTRY APPLICATION TYPES

Brewery:
 --Select--

Distillery:
 --Select--

Farm Winery:
 --Select--

Specialty:
 --Select--

Winery:
 --Select--

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License Information>Shipper Applications

Apply for a Privilege

1 License Information	2 Contact Information	3 Review	4 Associated Forms	5 Record Issuance
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Step 1: License Information > Shipper Applications
 The shipper's license can be attached to a retail privilege and/or an industry privilege. If you need further clarification please contact Virginia ABC Compliance unit <https://www.abc.virginia.gov/enforcement/bureau-of-law-enforcement/compliance-unit>. * indicates a required field.

Shipper Application

SHIPPER

Shipper:
 --Select--
 In State Shipper
 Out of State Shipper

[Continue Application »](#) [Save and resume later](#)

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License Information>COOP

Apply for a Privilege

1 License Information	2 Contact Information	3 Review	4 Associated Forms	5 Record Issuance
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Step 1: License Information > COOP
 § 4.1-212 A 16 of the Code of Virginia states: Any person who, through contract, lease, concession, license, management or similar agreement (hereinafter referred to as the contract), becomes lawfully entitled to the use and control of the premises of a person licensed by the Board to continue to operate the establishment to the same extent as a person holding such license, provided such person has made application to the Board for a license at the same premises. The permit shall (i) confer the privileges of any license held by the previous owner to the extent determined by the Board and (ii) be valid for a period of 120 days or for such longer period as may be necessary as determined by the Board pending the completion of the processing of the permittee's license application. No permit shall be issued without the written consent of the previous licensee. No permit shall be issued under the provisions of this subdivision if the previous licensee owes any state or local taxes, or has any pending charges for violation of this title or any Board regulation, unless the permittee agrees to assume the liability of the previous licensee for the taxes or any penalty for the pending charges. An application for a permit may be filed prior to the effective date of the contract, in which case the permit when issued shall become effective on the effective date of the contract. Upon the effective date of the permit, (a) the permittee shall be responsible for compliance with the provisions of this title and any Board regulation and (b) the previous licensee shall not be held liable for any violation of this title or any Board regulation committed by, or any errors or omissions of, the permittee. * indicates a required field.

Custom Fields

COOP

*Are you assuming or continuing operation of an existing Virginia ABC licensed establishment (COOP):
 Yes No

[Continue Application »](#) [Save and resume later](#)

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License Information>Business Location

1 License Information 2 Contact Information 3 Review 4 Associated Forms 5 Record Issuance

Step 1: License Information > Business Location * Indicates a required field.

Address

*Street No.: Direction: *Street Name: *Street Type: Street Suffix:

Unit No.: Unit # (end): Unit Type:

Facility or Establishment Name:

*City: *State: *Zip:

County: *Country:

X Coordinate: Y Coordinate:

[Clear](#)

[Continue Application >](#) [Save and resume later](#)

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Contact Information>Business Contact Details (Business Entity Section)

Step 2: Contact Information > Business Contact Details * Indicates a required field.

Business Entity

To add new contacts, click the Select from Account or Add New button. To edit a contact, click the Edit link.

[Select from Account](#) [Add New](#)

Contact

To add new contacts, click the Select from Account or Add New button. To edit a contact, click the Edit link.

[Select from Account](#) [Add New](#)

Authorized Representative

To add new contacts, click the Select from Account or Add New button. To edit a contact, click the Edit link.

[Select from Account](#) [Add New](#)

[Continue Application >](#) [Save and resume later](#)

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Contact Information Organization

Contact Information

*Individual/Organization: **The Business Entity contact needs to be Organization** FEIN: *Preferred Method of Contact:

*Organization Name: *Primary Phone:

DBA/Trade Name: Secondary Phone:

First: Last: SSN or ITIN: Personal Phone:

*E-mail: Driver's License Number: Driver's License State:

State ID Number: State:

Birth Date: Gender: Female Male

[Add Contact Address](#)

To edit a contact address, click the address link.

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Contact Details>Business Contact Details (Add Contact Address)

Step 1: Contact Details > Business Contact Details * indicates a required field.

Business Entity

To add new contacts, click the Select from Account or Add New button. To edit a contact, click the Edit link.

Pubs
joe.smith@abc.gov
Home phone:
Mobile Phone:
Work Phone: 8045556932
Fax:
[Edit](#) [Remove](#)

▼ **Contact Addresses**

Add Contact Address

To edit a contact address, click the address link.
Required contact address type(s): Mailing.

Showing 0-0 of 0

Address Type	Recipient	Address	Action
No records found.			

[Continue Application >](#) [Back to Associated Forms](#) [Save and resume later](#)

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Contact Address Information

Contact Address Information x

Address Type: --Select--

Street No: Direction: --Select-- Street Name: * Street Type: --Select-- Street Suffix: --Select--

Unit No: Unit # (end): Unit Type: --Select--

City: * State: * ZIP Code: *

Country/Region: United States

[Save and Close](#) [Save and Add Another](#) [Clear](#) [Discard Changes](#)

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Contact Information>Business Contact Details (Contact Section)

Step 2: Contact Information > Business Contact Details * indicates a required field.

Business Entity

To add new contacts, click the Select from Account or Add New button. To edit a contact, click the Edit link.

✔ **Contact added successfully.**

ABC
joe.smith@abc.gov
Home phone:
Mobile Phone:
Work Phone: 8046665921
Fax:
[Edit](#) [Remove](#)

▼ **Contact Addresses**

Add Contact Address

To edit a contact address, click the address link.
Required contact address type(s): Mailing

Showing 1-1 of 1

Address Type	Recipient	Address	Action
Mailing		Main ST, Richmond VA 20220 United States	Actions ▼

Contact

To add new contacts, click the Select from Account or Add New button. To edit a contact, click the Edit link.

[Select from Account](#) [Add New](#)

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Contact Information Individual

Contact Information

* Individual/Organization: **Select** FEIN: * Preferred Method of Contact:

Individual

Organization Name * Primary Phone:

DBA/Trade Name: Secondary Phone:

* First: Middle: * Last: Suffix:

Personal Phone: SSN or ITIN:

* E-mail: Driver's License Number: Driver's License State:

State ID Number: State:

* Birth Date: Gender: Female Male

* Are you applying on behalf of a group or company? Yes No

What is the applicant's relationship to the company, sponsoring organization or group?:

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Contact Information>Entity Hierarchy

Step 2: Contact Information > Entity Hierarchy

Please contact VA ABC if you want to modify or enter new Individual Entities to this business

At least one individual must be listed, and a Social Security number (SSN), driver's license, or state ID is required.

For an existing primary Business entity, please contact VA ABC if you want to modify or enter new Individual Entities to Business.

Select Type-Individual and add row(s) as indicated below:

- Sole Proprietor or General Partnership: owners and partners
- LP, LLP, or LLC: members and managers with 10% or greater interest
- Corporation: officers, directors, and stakeholders with 10% or greater ownership
- Association or Tax-Exempt Private Club: officers, directors, and trustees

Criminal background check fees are \$15 per individual unless a valid background check has been completed within the past two years.

* Indicates a required field.

Entity Relationships

Entity Relationships

Showing 1-2 of 2

Type	FEIN	Business Name	Social Security Number	Driver's License Number	Driver's License State	State ID	State	First Name	Middle Name	Last Name	Relationship	Percentage Owned
<input type="checkbox"/>		Craven House Capital Partners American LLC									Owner	100
<input type="checkbox"/>		Individual						James	Doe		Managing Member	100

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Entity Relationships

Entry Relationships

You will be required to provide necessary information about the structure of the Primary Business Entity applying for the privilege, including its ownership by other companies and personal data of individuals associated with it.

- IF SOLE PROPRIETOR /GENERAL PARTNERSHIP applying for the privilege:
 - Add a row for each person owner / partner (Type= Individual).
- IF LP, LLP, LLC or CORPORATION that encompasses the Business Entity with 10% or more interest applying for the privilege:
 - Add a row for each Business Entity (Type = Business Entity) AND
 - Add a row for each person associated to that Business Entity (Type= Individual Entity).
 - Member/managers and all other members with 10 percent or more interest if LP, LLP or LLC.
 - Officers, directors and all stockholders owning 10 percent or more of corporation's stock if CORPORATION.
- IF ASSOCIATION or TAX-EXEMPT PRIVATE CLUB
 - Add a row for each Officers, directors and trustee associated to that Association or private Club (Type= Individual Entity).

At least one Individual needs to be added. Ensure a Social Security Number, Driver's License, or State ID is supplied.

Type: FEIN: Business Name:
Social Security Number: Driver's License Number: Driver's License State:
State ID: State: First Name:
Last Name: Relationship: Percentage Owned:
Relationship Status:

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Review

1 License Information 2 Contact Information 3 Review 4 Associated Forms 5 Pay Fees 6

Step 3: Review

Please review all information below. Click the "Edit" buttons to make changes to sections or "Continue Application" to move on.

Record Type

Apply for a Privilege

Retail Applications

LICENSE INFO

What is the type of retail business conducted at the establishment? : Boat

Industry Applications

INDUSTRY APPLICATION TYPES

Brewery:
Distillery:
Farm Winery:
Specialty:
Winery:

Importer and Wholesaler Applications

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Associated Forms

Apply for a Privilege

1 2 Contact Information 3 Review 4 Associated Forms 5 Pay Fees 6 Record Issuance

Step 4: Associated Forms

Additional Information

Listed below are the items added to this record. You must fill out an associated form for each item before this record can be submitted.

Added items:

Business Entity ABC	Open	Remove
Individual Entity	Open	Remove
Retail Carrier Application	Open	Remove

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Business Information>Business Information

Business Entity

1 Contact Details | 2 Business Information | 3 Documents | 4 Review | 5 Associated Forms

Step 2: Business Information > Business Information * indicates a required field.

Custom Fields

BUSINESS INFO

* Is this business entity owned by another entity?: Yes No

* Were stock certificates issued?: Yes No

Is the business entity an out of state entity?: Yes No

If yes, is this business entity registered with the Virginia State Corporation Commission?: Yes No

NON PROFIT INFO

* Does the group/entity hold IRS tax-exempt status?: Yes No

Nonprofit Tax Exemption Status:

Is this business a subordinate of a national nonprofit?: Yes No

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Business Information>State Corporation Commission

STATE CORPORATION COMMISSION

* Do you have a State Corporation Commission Entity ID Number?: Yes No

* Legal Business Structure:

State Corporation Commission Entity ID Number:

Virginia Sales and Use Tax Account Number:

Legal Business Name:

Additional State Corporation Commission Info:

* Is the above information accurate?: Yes No

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Attachments

Business Entity

1 Contact Details | 2 Business Information | 3 Documents | 4 Review | 5 Associated Forms

Step 3: Documents > Attachments * indicates a required field.

Attachment

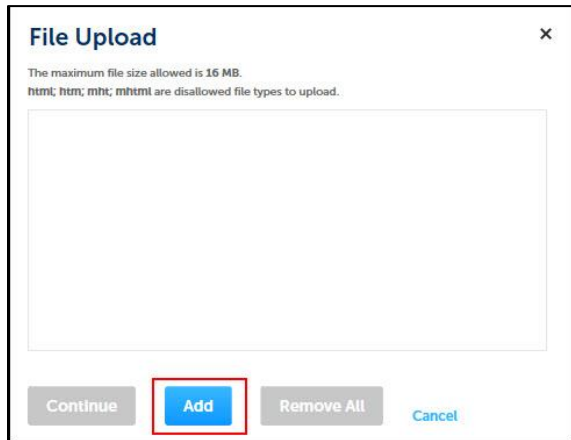
The maximum file size allowed is 16 MB.
html; htm; mht; mhtml are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
No records found.				

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File Upload



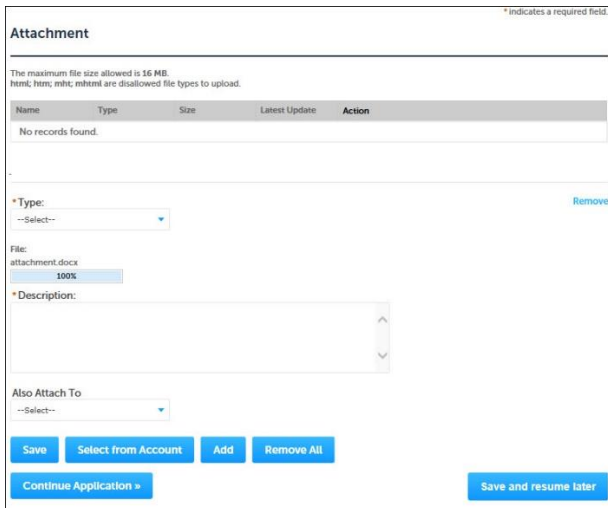
The maximum file size allowed is 16 MB.
htm; htm; mht; mhtml are disallowed file types to upload.

Continue Add Remove All Cancel

The 'Add' button is highlighted with a red border.

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Attachments – Type and Description



* indicates a required field.

Attachment

The maximum file size allowed is 16 MB.
htm; htm; mht; mhtml are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
No records found.				

* Type: Remove

File:
attachment.docx
100%

* Description:

Also Attach To:

Save Select from Account Add Remove All

Continue Application » Save and resume later

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Attachment

Attachment

The maximum file size allowed is 16 MB.
html; htm; mht; mhtml are disallowed file types to upload.

Name	Type	Size	Latest Update	Action
No records found.				

*Type: Remove
--Select--

File:
Sample.docx
100%

*Description:

Also Attach To
--Select--

Save **Select from Account** **Add** **Remove All**

Continue Application » **« Back to Associated Forms** **Save and resume later**

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Review (Business Entity Form)

Step 4: Review

Continue Application » **« Back to Associated Forms** **Save and resume later**

Please review all information below. Click the "Edit" buttons to make changes to sections or "Continue Application" to move on.

Record Type

Business Entity

Business Entity **Edit**

Organization: Happy Place
**-*9882

Primary Phone: 8045553695
E-mail: happy.place@abc.gov
Preferred Method of Contact

Custom Fields **Edit**

BUSINESS INFO

Is this business entity owned by another entity?: No

Were stock certificates issued?: No

Is the business entity an out of state entity?: No

If yes, is this business entity registered with the Virginia State: No

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Review (Business Entity Form>Certification)

I certify that I am the applicant and that all information provided on this application is true and correct. I understand that falsification and/or misrepresentation of information may result in refusal of a license and/or criminal charges, which may include the Class 5 felony of perjury. By checking the checkbox below, I also acknowledge that I am responsible to pay all fees associated with this application and give Virginia ABC authorization to charge me according to the terms outlined above.

By checking this box, I agree to the above certification. Date:

Continue Application » **« Back to Associated Forms** **Save and resume later**

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Associated Individual>Contact Information

1 Associated Individual	2 Supporting Documents	3 Review
-------------------------	------------------------	----------

Step 1: Associated Individual > Contact Information

Individual Entity

To add new contacts, click the Select from Account or Add New button. To edit a contact, click the Edit link.

 **An error has occurred.**
Some of the required fields have not been completed.
Please edit the contact and complete the required information.

Joe Smith
Home phone:
Mobile Phone:
Work Phone:
Fax:
[Edit](#) [Remove](#)

▼ **Contact Addresses**

Add Contact Address

To edit a contact address, click the address link.
Required contact address type(s): Mailing

To edit a contact address, click the address link.
Required contact address type(s): Mailing

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Associated Individual > Contact Information (Continue Application)

Step 1: Associated Individual > Contact Information * indicates a required field

Individual Entity

To add new contacts, click the Select from Account or Add New button. To edit a contact, click the Edit link.

✔ **Contact updated successfully.**

Sally Johnson
sally.johnson@abc.gov
Home phone:
Mobile Phone: 80402226666
Work Phone:
Fax:
[Edit](#) [Remove](#)

▼ **Contact Addresses**

Add Contact Address

To edit a contact address, click the address link.
Required contact address type(s): Mailing

Showing 1-1 of 1

Address Type	Recipient	Address	Action
Mailing		oak st, richmond va 23220 United States	Actions ▼

Continue Application

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Save and resume later

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Associated Individual > Contact Details

Step 1: Associated Individual > Contact Details * indicates a required field

Personal Data

Personal Data

* Is this individual a Virginia resident?:
 Yes No

* I have resided in Virginia for past 12 months:
 Yes No

How long has this individual resided in Virginia in years and months?:
 YE:

* Is this individual currently or in past 12 months resided in Alabama, California, Arizona, or another country?:
 Yes No

* Is this individual a U.S. Citizen?:
 Yes No

* Does this individual hold public office?:
 Yes No

Enter the title of the office and location where it is held:

Organizational Relationships

ORGANIZATION RELATIONSHIP INFO

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Review>Business Location

Step 1 : Review > Business Location * indicates a required field.

Address

*Street No.: 555 Direction: --Select-- *Street Name: main *Street Type: ST Street Suffix: --Select--

Unit No.: Unit # (end): Unit Type: --Select--

Facility or Establishment Name: *
Happy Place

*City: Richmond *State: VA *Zip: 23220-

County: *Country: United States

X Coordinate: Y Coordinate:

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Review>Contact

Step 1 : Review > Contact * indicates a required field.

Business Entity

To add new contacts, click the Select from Account or Add New button. To edit a contact, click the Edit link.

Happy Place
happy.place@abc.gov
Home phone:
Mobile Phone:
Work Phone: 8045553695
Fax:
[Edit](#)

▼ **Contact Addresses**

To edit a contact address, click the address link.
Required contact address type(s): Mailing

Showing 1-1 of 1

Address Type	Recipient	Address	Action
Mailing		555 Main ST, Richmond VA 23220 United States	

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Application Information

Step 2 : Application Information > Specialty Establishment * indicates a required field.

Alcohol Information

ALCOHOL INFO

*Where will the alcohol be consumed?:
--Select--

Beer:
 Temporary Beer:

Wine:
 Temporary Wine:

Mixed beverages - on premises only:
 Temporary Mixed Beverages - On Premises Only:

Temporary Privilege Expiration:

Hours of Operation

DAY'S AND HOURS OF OPERATION

* Date which you began or will began operation of business:

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Application Information>License Details

Step 2: Application Information > License Details

License Information

LOCATION INFO

* Do you own or lease the location of the establishment?:
 Owned ▼

What is the name of the landlord?:

Landlord address:

Landlord phone:

* Is the parking lot private or shared?:
 Shared ▼

* Interior square footage to be licensed:
 5

* Patio square footage to be licensed:
 5

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Pay Fees

Home Search Create

Logged in as: [User] Collections (0) Cart (4) Account Management Logout

If you require more information regarding Virginia ABC, Please [Click Here](#) Search...

Banquet Application

1 2 3 4 Supporting Documents 5 Comments for the Agency 6 Review 7 Pay Fees 8 Record Issuance

Step 7: Pay Fees

Listed below are the fees due based upon the information you've entered. Some fees are pro-rated and will result in a reduced amount being charged. The following screen will display your total fees.

Application Fees		
Fees	Calculation	Amount
Application Fee - Banquet Event	1	\$15.00
Banquet Event License Fee	1	\$40.00
TOTAL FEES: \$55.00		

If you have questions regarding the fees, please contact your Regional ABC Office.

[Check Out >](#)

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Cart

Cart

1 Select item to pay 2 Payment Information 3 Receipt/Record Issuance

Step 1: Select item to pay

Please click on edit cart to save fees for later.

PAY NOW

555 main ST, Richmond VA 23220 United States

2 Application(s) | \$195.00

Apply for a Privilege 20TMP-001375	Total due: \$0.00
▶ Retail Specialty Establishment Application 20TMP-001382	Total due: \$195.00

No Address

2 Application(s) | \$0.00

Business Entity 20TMP-001380	Total due: \$0.00
Individual Entity 20TMP-001381	Total due: \$0.00

Total amount to be paid: \$195.00
 Note: This does not include additional inspection fees which may be assessed later.

[Checkout >](#) [Edit Cart >](#) [Continue Shopping >](#)

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Payment

The screenshot shows the 'Order Section' of the Virginia ABC website. At the top is the Virginia ABC logo. Below it is a dark header with the text 'Order Section'. Underneath, a white box displays 'Amount' on the left and '210.00 USD' on the right. Below this box is a green button with the text 'PROCEED WITH PAYMENT'. At the bottom of the screenshot, there is a disclaimer: 'By placing this order, you are indicating you agree with our return and refund policy. https://www.abc.virginia.gov/stores/store-information/return-policy'.

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Submit Payment

The screenshot shows the 'Submit Payment' form on the Virginia ABC website. It is divided into two main sections: 'Order Section' on the left and 'Name and Zip' on the right. The 'Order Section' includes the amount '210.00 USD' and a 'Payment' section with a 'PAYMENT CARD' header. Below this are fields for 'Card Number', 'Expiration date (MMYY)', and 'Security code'. The 'Name and Zip' section has fields for 'First name' (Susan), 'Last name' (Smith), and 'Postal code'. A 'SUBMIT PAYMENT' button is located at the bottom center. A disclaimer is present at the bottom: 'By placing this order, you are indicating you agree with our return and refund policy. https://www.abc.virginia.gov/stores/store-information/return-policy'. The 'Secure Payment' logo is at the bottom right.

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View and Print Receipt

1 Select item to pay
2 Payment information
3 Receipt/Record issuance

Step 3: Receipt/Record issuance

Receipt

Your application(s) has been successfully submitted.
Please print your record(s) and retain a copy for your records.

Print/View Receipt

2901 Hermitage RD, Richmond VA 23220 United States

013350952
[View Receipt](#)

Print/View Receipt

PAYMENT RECEIPT

Receipt Number: 14254174

DATE/TIME: 6/21/2023 12:00:00 AM

NAME: Peter Smith

CASHIER: PUBLICUSER39596

ADDR:

License #	Type	Fee Description	Total Fee	Fee qty	Unit Total
013350952	Culinary Permit Application	Culinary Application Fee	\$50.00	1.00	\$50.00
			\$50.00	1.00	\$50.00
Total			\$50.00	1.00	\$50.00

Transaction #	Payment Type	Check Number	Payment Amount
750337	Credit Card		\$50.00
			\$50.00

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