

Total paid: \$ (office use only)
Receipt number: (office use only)



Virginia Alcoholic Beverage
Control Authority

Agent: (office use only)
Record number: (office use only)

www.abc.virginia.gov/licenses | 804.213.4400 | 7450 Freight Way · Mechanicsville VA 23116 | PO Box 3250 · Mechanicsville VA 23116

WINE OR LICENSEE OFF-SITE STORAGE PERMIT APPLICATION

A. INSTRUCTIONS

1. Print legibly in black ink.
2. Read thoroughly and complete all applicable sections.
 - *Current Licensee*: Complete Sections B–C, G–H
 - *Organization*: Complete Sections B, D–E, G–H
 - *Individual*: Complete Sections B, F–H
3. Mail the following items to the address below:
 - *Completed application*
 - All required documents
 - *Nonrefundable application fee of \$50*
4. Upon application approval a Permit Issuance fee is required.
 - *Wine or Licensee Off-Site Storage Issuance fee of \$350.00*

Virginia Alcoholic Beverage Control Authority
License Records Management
PO Box 3250
Mechanicsville, VA 23116

B. BUSINESS LOCATION

1. Facility Establishment Name: (if applicable) _____
2. Address: (street) _____
(city/town) _____ (state) _____ (zip + 4) _____

C. LICENSED PROFESSIONAL (CURRENT LICENSEE)

DIRECTIONS: Either *Section C-Current License* or *Section D-Permitee* is required.

1. Facility Establishment Name/Trade Name: _____
2. Existing License Number: _____
3. Primary Phone Number: _____
4. Email Address: _____
5. Address: (street) _____
(city/town) _____ (state) _____ (zip + 4) _____

D. PERMITEE-ORGANIZATION

DIRECTIONS: If the organization is applying directly for a license then Section E is required to be completed with an associated individual's contact information.

1. Facility Establishment Name/Trade Name: _____
2. Primary Phone Number: _____
3. Address: (street) _____
(city/town) _____ (state) _____ (zip + 4) _____

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E. ASSOCIATED INDIVIDUAL

- Individual First Name and Last Name: _____
- Preferred method of contact: Phone Email Postal Mail
- Primary Phone Number: _____
- Email Address: _____
- Address: *(street)* _____
(city/town) _____ *(state)* _____ *(zip + 4)* _____

F. PERMITEE-INDIVIDUAL

- First Name, Last Name: _____
- Primary Phone Number: _____
- Email Address: _____
- Address: *(street)* _____
(city/town) _____ *(state)* _____ *(zip + 4)* _____

G. WINE OR LICENSEE OFF-SITE STORAGE

- Are you applying for: Wine Storage Licensee Off-Site Storage
- Enter any comments pertinent to this application. _____

H. APPLICANT'S SIGNATURE

I swear or affirm under penalty of law that the information on this application and all the attachments are true and accurate. I understand that falsification and/or misrepresentation of information may result in refusal of the license(s) and/or criminal charges.

Signature: _____ Date signed: _____

Print name: _____ Title: _____