



## FRANCHISE DESIGNATION FORM

**COMPLETE ONE FORM FOR EACH DISTRIBUTOR**

<b>Brand Name</b>	<b>Brand Owner</b>	<b>Supplier's Name</b>
<b>Name of Designated Distributor</b>	<b>Type of Filing</b> NEW <input type="checkbox"/> AMENDED <input type="checkbox"/>	Signed by Brand Owner <input type="checkbox"/> <b>OR</b> Letter of Authorization Attached <input type="checkbox"/>
<b>VA Distributor License #</b>	<b>VA Importer License #</b>	

Territory	All	Part	Territory	All	Part	Territory	All	Part	Territory	All	Part
STATE OF VIRGINIA	<input type="checkbox"/>	<input type="checkbox"/>	CULPEPER (CO)	<input type="checkbox"/>	<input type="checkbox"/>	JAMES CITY (CO)	<input type="checkbox"/>	<input type="checkbox"/>	POQUOSON (IC)	<input type="checkbox"/>	<input type="checkbox"/>
ACCOMACK (CO)	<input type="checkbox"/>	<input type="checkbox"/>	CUMBERLAND (CO)	<input type="checkbox"/>	<input type="checkbox"/>	KING AND QUEEN (CO)	<input type="checkbox"/>	<input type="checkbox"/>	PORTSMOUTH (IC)	<input type="checkbox"/>	<input type="checkbox"/>
ALBEMARLE (CO)	<input type="checkbox"/>	<input type="checkbox"/>	DANVILLE (IC)	<input type="checkbox"/>	<input type="checkbox"/>	KING GEORGE (CO)	<input type="checkbox"/>	<input type="checkbox"/>	POWHATAN (CO)	<input type="checkbox"/>	<input type="checkbox"/>
ALEXANDRIA (IC)	<input type="checkbox"/>	<input type="checkbox"/>	DICKENSON (CO)	<input type="checkbox"/>	<input type="checkbox"/>	KING WILLIAM (CO)	<input type="checkbox"/>	<input type="checkbox"/>	PRINCE EDWARD (CO)	<input type="checkbox"/>	<input type="checkbox"/>
ALLEGHANY (CO)	<input type="checkbox"/>	<input type="checkbox"/>	DINWIDDIE (CO)	<input type="checkbox"/>	<input type="checkbox"/>	LANCASTER (CO)	<input type="checkbox"/>	<input type="checkbox"/>	PRINCE GEORGE (CO)	<input type="checkbox"/>	<input type="checkbox"/>
AMELIA (CO)	<input type="checkbox"/>	<input type="checkbox"/>	EMPORIA (IC)	<input type="checkbox"/>	<input type="checkbox"/>	LEE (CO)	<input type="checkbox"/>	<input type="checkbox"/>	PRINCE WILLIAM (CO)	<input type="checkbox"/>	<input type="checkbox"/>
AMHERST (CO)	<input type="checkbox"/>	<input type="checkbox"/>	ESSEX (CO)	<input type="checkbox"/>	<input type="checkbox"/>	LEXINGTON (IC)	<input type="checkbox"/>	<input type="checkbox"/>	PULASKI (CO)	<input type="checkbox"/>	<input type="checkbox"/>
APPOMATTOX (CO)	<input type="checkbox"/>	<input type="checkbox"/>	FAIRFAX (CO)	<input type="checkbox"/>	<input type="checkbox"/>	LOUDOUN (CO)	<input type="checkbox"/>	<input type="checkbox"/>	RADFORD (IC)	<input type="checkbox"/>	<input type="checkbox"/>
ARLINGTON (CO)	<input type="checkbox"/>	<input type="checkbox"/>	FAIRFAX (IC)	<input type="checkbox"/>	<input type="checkbox"/>	LOUISA (CO)	<input type="checkbox"/>	<input type="checkbox"/>	RAPPAHANNOCK (CO)	<input type="checkbox"/>	<input type="checkbox"/>
AUGUSTA (CO)	<input type="checkbox"/>	<input type="checkbox"/>	FALLS CHURCH (IC)	<input type="checkbox"/>	<input type="checkbox"/>	LUNENBURG (CO)	<input type="checkbox"/>	<input type="checkbox"/>	RICHMOND (CO)	<input type="checkbox"/>	<input type="checkbox"/>
BATH (CO)	<input type="checkbox"/>	<input type="checkbox"/>	FAUQUIER (CO)	<input type="checkbox"/>	<input type="checkbox"/>	LYNCHBURG (IC)	<input type="checkbox"/>	<input type="checkbox"/>	RICHMOND (IC)	<input type="checkbox"/>	<input type="checkbox"/>
BEDFORD (CO)	<input type="checkbox"/>	<input type="checkbox"/>	FLOYD (CO)	<input type="checkbox"/>	<input type="checkbox"/>	MADISON (CO)	<input type="checkbox"/>	<input type="checkbox"/>	ROANOKE (CO)	<input type="checkbox"/>	<input type="checkbox"/>
BEDFORD (IC)	<input type="checkbox"/>	<input type="checkbox"/>	FLUVANNA (CO)	<input type="checkbox"/>	<input type="checkbox"/>	MANASSAS (IC)	<input type="checkbox"/>	<input type="checkbox"/>	ROANOKE (IC)	<input type="checkbox"/>	<input type="checkbox"/>
BLAND (CO)	<input type="checkbox"/>	<input type="checkbox"/>	FRANKLIN (CO)	<input type="checkbox"/>	<input type="checkbox"/>	MANASSAS PARK (IC)	<input type="checkbox"/>	<input type="checkbox"/>	ROCKBRIDGE (CO)	<input type="checkbox"/>	<input type="checkbox"/>
BOTETOURT (CO)	<input type="checkbox"/>	<input type="checkbox"/>	FRANKLIN (IC)	<input type="checkbox"/>	<input type="checkbox"/>	MARTINSVILLE (IC)	<input type="checkbox"/>	<input type="checkbox"/>	ROCKINGHAM (CO)	<input type="checkbox"/>	<input type="checkbox"/>
BRISTOL (IC)	<input type="checkbox"/>	<input type="checkbox"/>	FREDERICK (CO)	<input type="checkbox"/>	<input type="checkbox"/>	MATHEWS (CO)	<input type="checkbox"/>	<input type="checkbox"/>	RUSSELL (CO)	<input type="checkbox"/>	<input type="checkbox"/>
BRUNSWICK (CO)	<input type="checkbox"/>	<input type="checkbox"/>	FREDERICKSBURG (IC)	<input type="checkbox"/>	<input type="checkbox"/>	MECKLENBURG (CO)	<input type="checkbox"/>	<input type="checkbox"/>	SALEM (IC)	<input type="checkbox"/>	<input type="checkbox"/>
BUCHANAN (CO)	<input type="checkbox"/>	<input type="checkbox"/>	GALAX (IC)	<input type="checkbox"/>	<input type="checkbox"/>	MIDDLESEX (CO)	<input type="checkbox"/>	<input type="checkbox"/>	SCOTT (CO)	<input type="checkbox"/>	<input type="checkbox"/>
BUCKINGHAM (CO)	<input type="checkbox"/>	<input type="checkbox"/>	GILES (CO)	<input type="checkbox"/>	<input type="checkbox"/>	MILITARY (MI)	<input type="checkbox"/>	<input type="checkbox"/>	SHENANDOAH (CO)	<input type="checkbox"/>	<input type="checkbox"/>
BUENA VISTA (IC)	<input type="checkbox"/>	<input type="checkbox"/>	GLOUCESTER (CO)	<input type="checkbox"/>	<input type="checkbox"/>	MONTGOMERY (CO)	<input type="checkbox"/>	<input type="checkbox"/>	SMYTH (CO)	<input type="checkbox"/>	<input type="checkbox"/>
CAMPBELL (CO)	<input type="checkbox"/>	<input type="checkbox"/>	GOOCHLAND (CO)	<input type="checkbox"/>	<input type="checkbox"/>	NELSON (CO)	<input type="checkbox"/>	<input type="checkbox"/>	SOUTH BOSTON (IC)	<input type="checkbox"/>	<input type="checkbox"/>
CAROLINE (CO)	<input type="checkbox"/>	<input type="checkbox"/>	GRAYSON (CO)	<input type="checkbox"/>	<input type="checkbox"/>	NEW KENT (CO)	<input type="checkbox"/>	<input type="checkbox"/>	SOUTHAMPTON (CO)	<input type="checkbox"/>	<input type="checkbox"/>
CARROLL (CO)	<input type="checkbox"/>	<input type="checkbox"/>	GREENE (CO)	<input type="checkbox"/>	<input type="checkbox"/>	NEWPORT NEWS (IC)	<input type="checkbox"/>	<input type="checkbox"/>	SPOTSYLVANIA (CO)	<input type="checkbox"/>	<input type="checkbox"/>
CHARLES CITY (CO)	<input type="checkbox"/>	<input type="checkbox"/>	GREENSVILLE (CO)	<input type="checkbox"/>	<input type="checkbox"/>	NORFOLK (IC)	<input type="checkbox"/>	<input type="checkbox"/>	STAFFORD (CO)	<input type="checkbox"/>	<input type="checkbox"/>
CHARLOTTE (CO)	<input type="checkbox"/>	<input type="checkbox"/>	HALIFAX (CO)	<input type="checkbox"/>	<input type="checkbox"/>	NORTHAMPTON (CO)	<input type="checkbox"/>	<input type="checkbox"/>	STAUNTON (IC)	<input type="checkbox"/>	<input type="checkbox"/>
CHARLOTTESVILLE (IC)	<input type="checkbox"/>	<input type="checkbox"/>	HAMPTON (IC)	<input type="checkbox"/>	<input type="checkbox"/>	NORTHUMBERLAND (CO)	<input type="checkbox"/>	<input type="checkbox"/>	SUFFOLK (IC)	<input type="checkbox"/>	<input type="checkbox"/>
CHESAPEAKE (IC)	<input type="checkbox"/>	<input type="checkbox"/>	HANOVER (CO)	<input type="checkbox"/>	<input type="checkbox"/>	NORTON (IC)	<input type="checkbox"/>	<input type="checkbox"/>	SURRY (CO)	<input type="checkbox"/>	<input type="checkbox"/>
CHESTERFIELD (CO)	<input type="checkbox"/>	<input type="checkbox"/>	HARRISONBURG (IC)	<input type="checkbox"/>	<input type="checkbox"/>	NOTTOWAY (CO)	<input type="checkbox"/>	<input type="checkbox"/>	SUSSEX (CO)	<input type="checkbox"/>	<input type="checkbox"/>
CLARKE (CO)	<input type="checkbox"/>	<input type="checkbox"/>	HENRICO (CO)	<input type="checkbox"/>	<input type="checkbox"/>	ORANGE (CO)	<input type="checkbox"/>	<input type="checkbox"/>	TAZEWELL (CO)	<input type="checkbox"/>	<input type="checkbox"/>
CLIFTON FORGE (IC)	<input type="checkbox"/>	<input type="checkbox"/>	HENRY (CO)	<input type="checkbox"/>	<input type="checkbox"/>	PAGE (CO)	<input type="checkbox"/>	<input type="checkbox"/>	VIRGINIA BEACH (IC)	<input type="checkbox"/>	<input type="checkbox"/>
COLONIAL HEIGHTS (IC)	<input type="checkbox"/>	<input type="checkbox"/>	HIGHLAND (CO)	<input type="checkbox"/>	<input type="checkbox"/>	PATRICK (CO)	<input type="checkbox"/>	<input type="checkbox"/>	WARREN (CO)	<input type="checkbox"/>	<input type="checkbox"/>
COVINGTON (IC)	<input type="checkbox"/>	<input type="checkbox"/>	HOPEWELL (IC)	<input type="checkbox"/>	<input type="checkbox"/>	PETERSBURG (IC)	<input type="checkbox"/>	<input type="checkbox"/>	WASHINGTON (CO)	<input type="checkbox"/>	<input type="checkbox"/>
CRAIG (CO)	<input type="checkbox"/>	<input type="checkbox"/>	ISLE OF WIGHT (CO)	<input type="checkbox"/>	<input type="checkbox"/>	PITTSYLVANIA (CO)	<input type="checkbox"/>	<input type="checkbox"/>	WAYNESBORO (IC)	<input type="checkbox"/>	<input type="checkbox"/>

If you check part of County or Independent City, please attach description.

IC = Independent City, CO = County



### FRANCHISE DESIGNATION FORM

Territory	All	Part
WESTMORELAND (CO)	<input type="checkbox"/>	<input type="checkbox"/>
WILLIAMSBURG (IC)	<input type="checkbox"/>	<input type="checkbox"/>
WINCHESTER (IC)	<input type="checkbox"/>	<input type="checkbox"/>
WISE (CO)	<input type="checkbox"/>	<input type="checkbox"/>
WYTHE (CO)	<input type="checkbox"/>	<input type="checkbox"/>
YORK (CO)	<input type="checkbox"/>	<input type="checkbox"/>

I further certify that a licensed Virginia Importer \_\_\_\_\_, is entitled to (i) sell and deliver or ship such brand or brands into the Commonwealth of Virginia and (ii) established written agreements of a definite duration and within the meaning of the Wine Franchise Act (§4.1-400 et seq., Code of Virginia) and the Beer Franchise Act (§4.1-500, et. seq., Code of Virginia), on behalf of the brand owner, as its authorized representative, with each wholesale licensee to whom the importer sells such brand or brands.

I further certify that on \_\_\_\_\_ (date sent) a copy of this Franchise Designation Form was sent via electronic or regular mail to the individual whose name and title appears as the Designated Distributor.

Territory Designations shall be effective upon their acceptance by the Board. Should the Designated Distributor object to any part of the Territory designated herein, within 10 business days of its receipt of the Franchise Designation Form, the Designated Distributor may submit to both the Board Secretary and the Supplier written notice specifying each objection and the reason for the objection.

\_\_\_\_\_  
Distributor Named on page 1 of this form

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Address of Named Distributor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Sent

Please use the space below to describe partial territories.