

VIRGINIA DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL APPLICATION FOR GRAIN ALCOHOL PERMIT

INSTRUCTIONS

There is no charge for this permit. Complete and return application to:

LICENSE RECORDS MANAGEMENT VIRGINIA DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL 2901 HERMITAGE ROAD P O BOX 27491 RICHMOND VA 23261-7491

BUSINESS					
Company name					
Steet address					
City					
County	Virginia ZIP+4				
PURPOSE					
Intended use:					
				_	
	PURC	HASING			
Purchase to be made from ABC store number:					
Store address _					
City _					
County _			Virginia	ZIP	
Estimate the amo	ount of 190 proof grain alcohol required:	BOTTLE SIZE	PER MONTH	OR PER YEAR	
		□ 375 ML			
		□ 1.75 L			
APPLICANT					
Applicant name		Daytime phone numb	er		
Title					
Signature					

FC	OR OFFICE USE ONLY
	SPECIAL AGENT

SPECIAL AGENT				
Purpose: Culinary Commercial Comments:	Industrial □ Medical			
Recommendation: Approval Denial	Territory number			
Signature	Date			
SPECIAL AGENT IN CHARGE				
Permit number	Effective date			
Special Agent assigned	Date			
City/County	District			
Purpose: □ Culinary □ Commercial □	Industrial Medical			
Recommendation: □ Approved □ Denied				
Signature	Date			