



**Virginia Department of Alcoholic Beverage Control
Bureau of Law Enforcement**



www.abc.virginia.gov • 2901 Hermitage Road • Richmond, VA 23220 • (800) 552-3200

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 the Virginia Department of Alcoholic Beverage Control 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

VIOLATION			
CHARGE #	CHARGE DESCRIPTION	WARNING	HEARING
011	License not posted		
012	Designated manager not posted		
014	Designated manager not on duty		
016	Manager unable to speak, understand, read and write English language		
071	Illumination		
086	Failed to obliterate mixed beverage stamps		
087	Kept mixed beverage not bearing MB stamps		
107	Not legitimate owner		
112	Failed to keep records (general)		
115	Failed to keep records (general) and make available for inspection		
117	Unauthorized advertising		
118	Advertising Happy Hour		

INSPECTION INFORMATION		
ABC License Posted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Designated Manager Posted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Local/State/Federal Licenses Posted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ownership Correct	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address Correct	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tradename Correct	<input type="checkbox"/> Yes	<input type="checkbox"/> No
No Modifications to Facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sales/Purchase Records Available and Inspected	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AB Invoices/Keg Reg Books Available and Inspected	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mixed Beverage Stamps Inspected	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of Taxable MB Seats Inspected Total Number Inspected: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Equipment Sufficient	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inventory Sufficient	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Food Availability During All Hours	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments/Suggestions: _____

Compliance/Issues: _____

Licensee (signature): _____ (print): _____

Agent (signature): _____ (print): _____