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

- 10. Enter required fields for the business entity on the <u>Contact Information</u> page. Scroll down and click **Add Contact Address**.
- 11. Select Address Type>Mailing on the <u>Contact Address Information</u> 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 <u>Contact Information</u> page. Scroll down and click Add Contact Address.
- 14. Select Address Type>Mailing on the <u>Contact Address Information</u> 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 <u>Contact Information>Business Contact Details</u> page.
- 16. Click Add a Row on the <u>Contact Information>Entity Hierarchy</u> 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 <u>Review</u> page. Click **Continue Application**.
- 20. Click **Open** beside the first form listed on the <u>Associated Forms</u> 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 <u>Associated Forms</u> 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 <u>Contact Address Information</u> 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 <u>Business</u> <u>Information>Business Information</u> page.
- 5. Scroll down to <u>State Corporation Commission</u> 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 <u>Attachments</u> page.

- 7. Click **Add** on the <u>File Upload</u> 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 <u>Attachments</u> page. Click **Save** then **Continue Application**.
- 10. Review information on the <u>Review</u> page. Accept certification at the bottom of the page. Click **Continue Application**.
- 11. Proceed to next form listed on the <u>Associated Forms</u> 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

- Click **Open** beside the Individual Entity form listed on the <u>Associated Forms</u> page. (NOTE: Contact information entered previously is <u>not</u> 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 <u>Contact Address Information</u> 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 <u>Associated</u> <u>Individual>Contact Details</u> page. If applicable, complete Custom Lists and Criminal Offenses. Click Continue Application.
- 8. Click **Add** on the <u>Attachments</u> page.
- 9. Click **Add** on the <u>File Upload</u> 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 <u>Attachments</u> 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 <u>Review>Business Location</u> page. Complete **Establishment Info** section then click **Continue Application**.
- 3. Review information on <u>Review>Contact</u> page then click **Continue Application**.
- 4. Complete required fields on the <u>Application Information</u> page then click **Continue Application**. (NOTE: Questions vary by license type.)
- 5. Complete required fields on <u>Application Information>License Details</u> page. Click **Continue Application**.
- 6. If prompted, enter **Delivery or Keg** information then click **Continue Application**.
- 7. Click **Add** on the <u>Attachments</u> page.
- 8. Click **Add** on the <u>File Upload</u> 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 <u>Attachments</u> 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 <u>Cart</u> page.
- 16. Click **Proceed with Payment** on the <u>Payment</u> page.
- 17. Enter <u>Payment</u> then click **Submit Payment.** Application record numbers are listed after payment is processed.
- 18. <u>Receipt Record Issuance Page</u> loads

# END OF WRITTEN INSTRUCTIONS

## **SCREEN HELP**

#### Create>Create Application

Home Search	Create Create an Application an Ford	er Collections (0)	📜 Cart (0) Accos	unt Management - Logout
12	Create an Application		Search	Q.*
Hello, Human Han	eter .			
Saved in Cart (0)	View Cart	My Collection	+ 600	View Collections
There are shopping	no items in your g cart right now.	You	u do not have ar right no	ny collections w.

#### Back to Instructions

#### **General Disclaimer**

Online Application	
Welcome to Virginia ABC's Online Permitting System. Using this system you can submit	
and update information, pay fees, schedule inspections, track the status of your	
application, and print your final record all from the convenience of your nome or office. 24 hours a day.	
unice, 24 nours a day.	
Please "Allow Pop-ups from This Site" before proceeding. You must accept the	
General Disclaimer below before beginning your application.	
General Disclaimer	_
Virginia ABC provides the Web information contained herein as a service to	
the public. While Virginia ABC attempts to maintain Web information that is	
accurate and timely, Virginia ABC neither warrants nor makes representations	
as to the functionality or condition of this Web site, its suitability for use,	
freedom from interruptions or from computer virus, or non-infringement of	
sources and are subject to change without notice from Virginia ABC as a result	~
I have read and accepted the above terms.	
Continue Application »	

#### **Back to Instructions**

#### Licenses>Apply for a Privilege



#### License Information>Available Applications

Please review website to determine wh	hich license you need.	
		indicates a required field
Retail Applications		
LICENSE INFO		
What is the type of retail busine	ess conducted at the establishment? :	
Select		
Industry Applications		
INDUSTRY APPLICATION TYPE	ES .	
Brewery:		
Select	*	
Distillery:		
Select	*	
Farm Winery:		
Select	*	
Specialty:		
Specialty: Select		
Specialty: Select Winery:		

#### **Back to Instructions**

#### License Information>Shipper Applications



#### **Back to Instructions**

#### License Information>COOP

Apply for a Privileg	le				
1 License 2 Contact 3 Review 4 Associated Forms 5 Record Issuance					
Step 1: License § 4.1-212 A 16 of the Cc effered to as the contrac stabilisment to the sam permises. The permit sha period of 120 days or for icense application. No p ubdivision if the previou armittee agrees to assu- arise to the effective date after of the permit. (a) the shall not be held liable for Custom Fields	Information > COOI de of Virginis tatles: Any perso (), beccmes lawily entitled to live e solent as a person holding su all () conter the physical gas any erritit shall be insued without the erritit shall be insued without the sitemase owers any statle or loo me the tability of the previous a licenses of the contract, in which case II opermittee shall be responsible erany violation of this title or any	P m who, through contract, lease the use and control of the pret- lecenses provided such per periodus (terness held by the periodus) written (consent of the periodus) written (consent of the periodus) ad taxes, or has any pending or censes for the taxes or any per advance of the taxes of the period advance of the periodus of the period for compliance with the provisi Board regulation committed the periodus of the periodus of the periodus of the taxes of the periodus of the periodus of the taxes of the periodus of the periodus of the tax of the periodus of the periodus of the period for compliance with the provision (termine) of the periodus of the periodus of the periodus of the Board regulation committed the periodus of the periodus of the tax of the periodus of the periodus of the periodus of the tax of the periodus of the periodus of the periodus of the tax of the periodus of the periodus of the periodus of the tax of the periodus of the periodus of the periodus of the tax of the periodus of the periodus of the periodus of the tax of the periodus of the periodus of the periodus of the tax of the periodus of the periodus of the periodus of the tax of the periodus of the periodus of the periodus of the tax of the periodus of the periodus of the periodus of the tax of the periodus of the periodus of the periodus of the tax of the periodus of the periodus of the periodus of the periodus of the tax of the periodus of the periodus of the periodus of the tax of the periodus of the periodus of the periodus of the periodus of the tax of the periodus of the periodus of the periodus of the periodus of the tax of the periodus of the periodu	c, concession, license, management i mises of a person licensed by the Boarson has made application to the Boar owner to the seath I determined by the owner to the seath I determined by the la license. No permit shall be issued hanges for violation of this tills or any nainly for the pending charges. An app score effective on the effective data isons of this tilte and any Board regula y, or any errors or omissions of, the p	v similar agreement (hereinafter rd to continue to operate the rd for a license at the same E board and (1) be valid for a si be sourd explaid be valid for a under the provisions of this Board regulation, unleas the Sload regulation, unleas the Sload regulation, unleas the elicense of the contract. Upon the effectivity tion and (b) the previous license- permittee. *indicates a required fiel	
COOP Are you assuming ( O Yes () No	or continuing operation o	of an existing Virginia AB	C licensed establishment (CO	OP):	
			· · · · · · · · · · · · · · · · · · ·		

#### License Information>Business Location

Street No.:	Direction:	• Street	Name:	* Street Type:	Street Suffi	x:
Unit No :	Unit # (e	nd):	Unit Type:	Select	Select	
Unit HU.	Office wife	indy.	Select	-		
Facility or Est	ablishment Na	ame:*				
* City:			*State:	*Zip:		
			VA	30002*30002		
County:			*Country:			
			United States			

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Contact Information>Business Contact Details (Business Entity Section)

	ormation > Business Contact Details	* indicates a required field.
Business Entity		
To add new contacts, click the S	elect 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 S	elect from Account or Add New button. To edit a contact, click the Edit link.	
Select from Account	Add New	
Authorized Repres	Add New sentative	
Authorized Repres	Add New centative letect from Account or Add New bullon. To edit a contact, click the Edit link.	
Select from Account Authorized Repres To add new contacts, click the Select from Account	Add New sentative seted from Account or Add New Judion. To edit a contact, dick the Edit Ink. Add New	

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#### Contact Information Organization

Individual/Organization: The	FEIN:*	Preferred	Method of Contact
Business Entity contact needs to be Organization		Select	*
Select			
Organization Name	0	Primary Phone:	
DBA/Trade Name:	0		Secondary Phone:
First: Last:		SSN or ITIN: (7)	Personal Phone: (7)
• E-mail:		Driver's License Number:	Driver's License State:
		State ID Number:	State:
		Birth Date:	Gender: Female    Male
Contact Addresses			

#### Contact Details>Business Contact Details (Add Contact Address)

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Jusiness Entity						
add new contacts, click the Select from Account or Add New button. To edit a contact, click the Edit I	link.					
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Contact Addresses						
Add Contact Address To edit a contact address, click the address link. Required contact address type(b) Maling						
Required contact address type(s): Mailing.						
Showing 0-0 of 0						
Address Type Recipient Address	Action					
No records found.						

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#### Contact Address Information

Address Typ	e:					
Select						
Street No:	Direction:	Street Name	:*	Street Type	e: Street Suffix	
	Select 🔻			Select	·Select	*
Unit No	Unit # (end	0:	Unit Type: Select			
City:*		State:*	ZI	P Code:*		
Country/Re United States	gion:					

#### **Back to Instructions**

#### Contact Information>Business Contact Details (Contact Section)

Step 2: Contact	Information	> Business Contact Details	* indicates a required fi
Business Entity			
To add new contacts, click	the Select from Acc	ount or Add New button. To edit a contact, click the Edit link.	
Contact added suc	cessfully.		
ABC joe.smitheabc.gov Home phone: Mobile Phone: Work Phone: 80466659 Fax: Edit Remove	21		
Contact Addresses			
Add Contact Add To edit a contact address, Required contact address	click the address li type(s):Mailing	nk	
Showing 1-1 of 1			
Address Type	Recipient	Address	Action
Mailing		Main ST, Richmond VA 20220 United States	Actions 🗸
Combook			
Contact			
To add new contacts, click	the Select from Acc	ount or Add New button. To edit a contact, click the Edit link	
Select from Accou	Int Add N	lew	

#### **Contact Information Individual**

* Individual/Organization: Select (7) Individual	FEIN:	0	* Prefe	rred Method of Contact:
Individual			Selec	t
Organization Name	0	* Primary Phone:		
DBA/Trade Name:	0			Secondary Phone:
• First: Middle: • La	ist:		Suffix:	
Personal Phone: (?) SSN or ITIN:	(?	)		
*E-mail:		Driver's License Number:		Driver's License State: Select
*E-mail:		Driver's License Number: State ID Number:		Driver's License State: Select
*E-mail:		Driver's License Number: State ID Number:		Driver's License State: Select  State: Select  V
*E-mail:		Driver's License Number: State ID Number: • Birth Date:		Driver's License State: Select State: Select Gender: Gender: Gender:
*E-mail:		Driver's License Number: State ID Number: * Birth Date: MM/DD/YYYY		Driver's License State: Select  State: Select  Gender: Female  Male
*E-mail: *Are you applying on behalf of a group or company: O Yes () No		Driver's License Number: State ID Number: Birth Date: MM/DD/YYYY What is the company, sj group?:	applicar	Driver's License State: Select

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#### Contact Information>Entity Hierarchy

Please	contact	VAARC	if you w	ant to r	nodify	or ente	new	Indiv	idual I	Entitie	s to th	is husiness		
riease	contact	TAADC	n you w	antior	nouny	or enter	men	man	rount i	china le	10 11	is Mushress		
At lea: requir	st one ind red.	dividual	must be	listed, a	and a So	ocial Se	curity	num	ber (S	SN), di	river's	license, or	state ID	i
For an Individ	existing dual Entit	primary ties to b	Business.	s entity	, please	conta	ct VA	ABCI	fyou	want to	mod	lify or ente	r new	
Select 1	Type>Indivi	dual and a	dd row(s)	as indicat	ed below	ć.								
. 5	Sole Proprie	tor or Ge	neral Partr	nership: o	wners an	d partner	s							
• 1	P. LLP. or L	LC: memi	bers and m	anagers 1	with 10%	or greate	r intere	est						
. (	Corporation	: officers	directors,	and stale	eholders	with 10%	or grea	ater ov	vnership	Þ				
. /	Association	or Tax-Ex	empt Priva	te Club;	officers, o	firectors,	and tre	ustees						
Crimin	nal backo	round o	heck fee	es are St	15 per in	ndividu	al uni	ess a	valid t	backgr	ound	check has	been	
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Entity Entity I Showin	y Relatic Relationsh g 1-2 of 2 Type	onships Ips FEIN	Business Name	Social Security Number	Driver's License Number	Drivers License State	State ID	State	First Name	Middle Name	Last Name	* indicates	Percentage Owned	
Entity I Showin	y Relatic Relationsh g 1-2 of 2 Type Business	onships /ps гем 10- 1234567	Business Name Craven House Capital North American LLC	Social Security Number	Driver's License Number	Drivers License State	State ID	State	First Name	Middle Name	Last Náme	*indicates	Percentage Owned	
Entity i Showin	y Relationsh g1-2 of 2 Type Business Individual	2005 2005 2007 2007 2007 2007 2007 2007	Business Name Craven House Capital Nooth American LLC	Social Security Number	Driver's License Number	Drivers License State	State ID	State	First Name James	Middle Name	Last Name	*indicates Relationship Owner Managing Member	Percentage Owned	
Entity I Showin	y Relatic Relationsh g 1-2 of 2 Type Business Individual	рпships /ps геля 1234567	Business Name Craven Houre Capital North American LLC	Social Security Number	Driver's License Number	Drivers License State	State ID	Szate	First Name James	Middle Name	Last Name Doe	*indicates Relationship Owner Managing	Percentage Owned 100	
Entity Entity i Showin	y Relatic Relationsh g 1-2 of 2 Type Business Individual	Press	Business Name Craven Houre Capital North American LLC	Social Security Number	Driver's License Number	Drivers License State	State IO	State	First Name James	Middle Name	Last Name	* Indicates Relationship Owner Managing	Percentage Owned	

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**Entity Relationships** 

You will be required to provide necessary information about the structure of the Primary Business Entity applying for the privilege, including its overwhelp by other comparison and period and a chirakhada: associated with it.       IP SOLE PROPRIETOR (ZENERAL PARTHERSHIP applying for the privilege):       Add a row for each Denson and period and a chirakhada: associated with it.       IP LIP, LLP (LLC or CORPORATION that encompasses the Business Entity with 10% or more interest applying for privilege):       Add a row for each Denson and and the Business Entity (Type – Individual Entity).       Add a row for each Denson and and the Business Entity (Type – Individual Entity).       Add a row for each Denson and and the Business Entity (Type – Individual Entity).       Add a row for each Denson and stores that for a privation and the store and	Entity Relationships		
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FF(P), LD), LC or CORPORATION that encompasses the Buainess Entity with 10% or more interest applying for provides:     Add area for each Buainess Entity (Type – Buainess Entity (Type – Individual Entity),     Add area for each parson associated to that Buainess Entity (Type – Individual Entity),     Member/managers and all other members with 10 parcent or more interest # UP, LD or LLC     Officers, directors and a Stad-Orders and Tubic Head Beach (Tope – Individual Entity),     Add area for each Officers, directors and forulate associated to that Association or private Club (Type – Individual Entity),     Add area for each Officers, directors and Tubic Head Beach (Tope – Individual Entity),     Add area for each Officers, directors and Tubic Head Beach (Tope – Individual Entity),     Add area for each Officers, directors and Tubic Head Beach (Tope – Individual Entity),     Add area for each Officers, directors and Tubic Head Beach (Tope – Individual Entity),     State ID is supplied.     State ID:     State:     FEIN:     Business Name:	<ul> <li>Add a row for each person</li> </ul>	owner / partner (Type= Individual).	
province: Add a row for each parane associated to that Business Entity (Type – Individual Entity), Add a row for each parane associated to that Business Entity (Type – Individual Entity), Member/manages and all dock-members with 10 parent or more if composition's stock if CORPORATION. Others, directors and all stock/indees owing 10 percent or more of composition's stock if CORPORATION. Add as row for each Officenz, directors and vusities associated to that Association or private Club (Type – Individual Entity), Add as row for each Officenz, directors and vusities associated to that Association or private Club (Type – Individu Entity), FEIN: Business Name: FEIN: State ID: State: FEIN: FEIN: Feint Name: Last Name: Relationship:Stelect-	<ul> <li>IF LP, LLP, LLC or CORPOR</li> </ul>	ATION that encompasses the Business E	ntity with 10% or more interest applying for the
Add ar ow for each Business Entity (Type - Business Entity) AND     Add ar ow for each person associated be that Business Entity (Type - Individual Entity).     Member/managers and all other members with 10 percent or more interest If UP, UP or U.C.     Offices, directors and all activations and mutacides avering 10 percent or more interest If UP, UP or U.C.     Add ar ow fore ach Offices, directors and an U.S. C.L. Business Entity (Type - Individual Entity).     Add ar ow fore ach Offices, directors and Putacides avering 10 percent or more interest If UP, UP or U.C.     Add ar ow fore ach Offices, directors and Tutate associated to that Association or private Cub (Type= Individu     Add ar ow fore ach Offices, directors and Tutate associated to that Association or private Cub (Type= Individu     Type:     FEIN:     Business Name:     Social Security Number:     Driver's License Number:     Driver's License Number:     Driver's License Number:     State ID:     State:     First Name:     Last Name:     relationship:	privilege:		
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Member/mangers and all other members with 10 percent or more interest If Up, UP or LCC.     Officers, directs and all stochardbers awing 10 percent or more interest If Up, UP or LCC.     JASOCIATION or TAX-DEMPT PRIVATE CLUB     Add a row teach Officers, directors and truttere associated to that Association or private Club (Type= Individu     Tetry).     Truty).     Truty).     Truty).     Social Security Number:     Driver's License Number:     Last Name:     Last Name:     Last Name:     Relationship:	<ul> <li>Add a row for each person</li> </ul>	associated to that Business Entity (Type	= Individual Entity).
Officers, directors and all atochioders avming 10 percent or more of corporation's stock if CORPORATION.     If ASSOCIATION or TAX-EXPERT PRIVATE CLUB     Add a row for each Officers, directors and trustee associated to that Association or private Club (Typee Individu Errity).     At least once Individual needs to be added. Ensure a Social Security Number, Driver's Licen     or State ID is supplied.     FEIN:     Business Name:	<ul> <li>Member/managers and all</li> </ul>	other members with 10 percent or more	interest if LP, LLP or LLC.
	<ul> <li>Officers, directors and all s</li> </ul>	tockholders owning 10 percent or more o	of corporation's stock if CORPORATION.
Ada row for each Officers, directors and trustee associated to that Association or private Cubb (Types - Individu Entity). At least one Individual needs to be added. Ensure a Social Security Number, Driver's Licen 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:     recently State: Relationship State: Adva	<ul> <li>If ASSOCIATION or TAX+E</li> </ul>	KEMPT PRIVATE CLUB	
Entryl).       Heast one Individual needs to be added. Ensure a Social Security Number, Driver's Licen         or State ID is supplied.       Business Name:         "salact-"       Business Name:         Social Security Number:       Driver's License Number:         Driver's License Number:       Driver's License State:         State ID:       State:         Last Name:       Relationship:         #Balacter:       •         Relationship Status:       Advine	<ul> <li>Add a row for each Officer</li> </ul>	s, directors and trustee associated to that	t Association or private Club (Type= Individual
At least one Individual needs to be added. Ensure a Social Security Number, Driver's Licen or State ID is supplied. Type: FEIN: Business Name: Social Security Number: Driver's License Number: Driver's License State: Social Security Number: Driver's License Number: Driver's License State: Social Security Number: Driver's License Number: Driver's License State: Social Security Number: Driver's License State: Last Name: Relationship: Percentage Owned: State To State: State	Entity).		
Type: FEIN: Business Name:	At least one Individual nee	eds to be added. Ensure a Soci	al Security Number, Driver's License,
Type:     FEIN:     Business Name:      Select     •     •       Social Security Number:     Driver's License Number:     Driver's License State:       State ID:     State:     First Name:       Last Name:     Relationship:     •       Relationship Status:     Adiva     •	or State ID is supplied.		
Salect   Social Security Number: Driver's License Number: Driver's License State:  State ID: State: First Name: Last Name: Relationship: Percentage Owned:Salect  Relationship Status: Adva	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:Eelect Adiva	Select		
State ID: State: First Name: Last Name: Relationship: Percentage Owned: Salect •	Social Security Number:	Driver's License Number:	Driver's License State:
Last Name: Relationship: Percentage Owned:	State ID:	State:	First Name:
Salect  Relationship Status: Activa	Last Name:	Relationship:	Percentage Owned:
Relationship Status:		Select	
Active 💌	Relationship Status:		
	Active		
Submit	Submit		

#### Back to Instructions

#### Review

1 License Information	2 Contact Information	3 Review	4 Associated Forms	5 Pay Fees	6
Step 3 : Review					
Continue Applic	ation a			Compared and	
Continue Applica				save and resu	me later
Please review all informa	ation below. Click the "Edit" b	uttons to make changes t	o sections or "Continue Application	" to move on.	
Record Type					
Apply for a Privilege					
Rotail Applicat	ions				
Retait Applicat	10113				
LICENSE INFO					Edit
What is the type	Boat				
of retail business conducted at the					
establishment? :					
Industry Applie	cations				
INDUSTRY APPLICATIO	ON TYPES				Edit
Brewery:					
Distillery:					
Farm Winery:					
Specialty:					
Winery:					
Importer and V	Wholesaler Applic	ations			

#### **Back to Instructions**

#### Associated Forms

1 2 Contact Information	3 Review	4 Associated Forms	5 Pay Fees	6 R	ecord Issuance
Step 4 : Associate	d Forms				
Additional Information					
Listed below are the it	ems added to this record	I. You must fill out an associat	ed form for each ite	m before th	nis record can b
submitted.					
submitted. Added Items:					
submitted. Added Items: Business Entity ABC				Open	Remove
submitted. Added Items: Business Entity ABC Individual Entity				Open Open	Remove Remove
submitted. Added Items: Business Entity ABC Individual Entity Retail Carrier Application				Open Open Open	Remove Remove
submitted, Added Items: Business Entity ABC Individual Entity Retail Carrier Application				Open Open Open	Remove Remove
submitted. Added Items: Business Entity ABC Individual Entity Retail Carrier Application Continue to Paym	ent »			Open Open Open	Remove Remove Remove
submitted. Added Items: Business Entity ABC Individual Entity Retail Carrier Application Continue to Paym	ent »			Open Open Open	Remove Remove Remove

#### Back to Instructions

Business Information>Business Information

Business Entity				
1 Contact Details	2 Business Information	3 Documents	4 Review	5 Associated Forms
Step 2: Business	Information > Busi	iness Information		* indicates a required field.
Custom Fields				
BUSINESS INFO				
■ Is this business entity ○ Yes ○ No	owned by another ent	iity?: 🕧		
• Were stock certificat () Yes () No	es issued?:			
Is the business entity a O Yes O No	an out of state entity?:			
If yes, is this business ○ Yes ○ No	entity registered with th	ne Virginia State Corporat	ion Commission?:	
NON PROFIT INFO				
* Does the group/entit O Yes O No	ty hold IRS tax-exempt	status?: ()		
Nonprofit Tax Exempt	ion Status:	0		
Select		•		
ls this business a subo ○ Yes ○ No	rdinate of a national no	onprofit?:		

#### Back to Instructions

#### Business Information>State Corporation Commission

STATE CORPORATION COMMISSION	
<sup>●</sup> Do you have a State Corporation Commissio ○ Yes ○ No	on Entity ID Number?:
* Legal Business Structure:	
Select	-
State Corporation Commission Entity ID Num	iber:
Virginia Sales and Use Tax Account Number:	
Legal Business Name:	
Additional State Corporation Commission Inf	0:
*Is the above information accurate?:	
○ Yes ○ No	
Continue Application » « Back to Assoc	ciated Forms

#### **Back to Instructions**

#### Attachments

Forms
required field

#### **Back to Instructions**

#### File Upload

he maximum file s tml: htm: mht: ml	ize allowed is 16 MI ntml are disallowed	<ol> <li>file types to upload.</li> </ol>	

#### **Back to Instructions**

Attachments – Type and Description

Attachm	ent				Indicates a required field.
The maximum html; htm; mhi	file size allowed is 10 t; mhtml are disallow	i MB. red file types to uplo	pad.		
Name	Туре	Size	Latest Update	Action	
No records	found.				
•Type:					Remove
Select		*			
File:					
attachment.do	cx M				
• Description	n:				
				~	
				~	
Also Attach	То				
Select		-			
			_		
Save	Select from A	count Ad	d Remove All		
Continue	Application				Paus and require later
Continue	Application »				Save and resume later

**Back to Instructions** 

Attachment

Attachme	ent						
The maximum html; htm; mh#	The maximum file size allowed is 16 MB. html; htmr; mht; mhtml are disallowed file types to upload.						
Name	Туре	Size	Latest Update	Action			
No records	found.						
*Type:					Remove		
Select							
File: Sample.docx							
100	1%						
<ul> <li>Description</li> </ul>	n:			^			
				~			
Also Attach	То						
Select		*					
Save	Select from A	ccount Ad	d Remove All				
Continue	Application »	« Back to Assoc	lated Forms		Save and resume later		

#### **Back to Instructions**

#### Review (Business Entity Form)

Continue Appli	cation » « Back to	Associated Forms	Save and resume later				
lease review all information below. Click the "Edit" buttons to make changes to sections or "Continue Application" to move on.							
Record Type							
Business Entity							
Business Entit	у		Edit				
Organization		Primary Phone:8045553695					
Happy Place **-***9882		E-mail:happy.place@abc.gov					
Custom Fields	5		Edit				
Is this business entity owned by another entity?:	No		Luit				
Were stock certificates issued?:	No						
Is the business entity an out of state entity?:	No						
If yes, is this business entity registered with	No						

#### Back to Instructions

#### Review (Business Entity Form>Certification)

|--|--|--|

#### Back to Instructions

Associated Individual>Contact Information



#### **Back to Instructions**

#### Associated Individual>Contact Information (Continue Application)

			* indicates a required field
ndividual Entity	¥		
To add new contacts, click	the Select from Acco	unt or Add New button. To edit a contact, click the Edit link.	
Contact updated s	uccessfully.		
ially Johnson ally johnsoneabc.gov łome phone: łobile Phone: 80402226 jax: edit Remove < Contact Addresses	666 Jress		
	the second		
To edit a contact address, Required contact address	click the address lin type(s):Mailing	k.	
To edit a contact address, Required contact address Showing 1-1 of 1	click the address lir type(s):Mailing	k.	
To edit a contact address. Required contact address Showing 1-1 of 1 Address Type	click the address lir type(s):Mailing Recipient	ak Address	Action

#### Back to Instructions

#### Associated Individual>Contact Details

	* indicates a required field
Personal Data	
Personal Data	
* Is this individual a Virginia resident?:	
" I have resided in Virginia for past 12 months: Ves No	
How long has this individual resided in Virginia in years and months?:	
IE: 3 yrs, 2 months	
*Is this individual currently or in past 12 months resided in Alabama, California, Arizona, or another co Yes   No	ountry?:
*Is this individual a U.S. Citizen?:	
<sup>■</sup> Does this individual hold public office?: ○ Yes ○ No	
Enter the title of the office and location where it is held.:	
Organizational Relationships	

#### Review>Business Location

dress						
Street No.:	Direction:	* Stree	t Name:	*Stree	t Type:	Street Suffix:
555	Select	main		ST	•	Select
Jnit No.:	Unit # (e	nd):	Unit Type: Select			
acility or Est	ablishment Na	me:*				
Happy Place						
City:			* State:	*Zip:		
Richmond			VA	23220-		
County:			*Country:			
			United States			
(Coordinate	Y Coo	rdinate:				

#### Back to Instructions

#### Review>Contact

step 1. nemer s	Contact		* indicates a required field
Business Entity			
To add new contacts, click	the Select from Acco	ount or Add New button. To edit a contact, click the Edit link.	
Happy Place happy place@abc.gov dome phone: Nork Phone: 80455536 ax: Edit	95		
	aliak the address lin	ik.	
To edit a contact address, Required contact address Showing 1-1 of 1	type(s):Mailing		
To edit a contact address, Required contact address Showing 1-1 of 1 Address Type	type(s):Mailing	Address	Action

#### **Back to Instructions**

#### Application Information

step 2. Application mornation > specially establishment	* indicates a required field
Alcohol Information	
ALCOHOL INFO	
* Where will the alcohol be consumed?:	
Select	
Beer:	
8	
Temporary Beer:	
Wine:	
Temporary Wine:	
Mixed beverages - on premises only:	
Tamporany Miyod Reverages - On Premises Only:	
Temporary mixed beverages - on Fremises Only.	
Temporary Privilene Expiration:	
temporary i fivilege expiration.	
Hours of Operation	
DAYS AND HOURS OF OPERATION	
Date which you began or will began operation of business:	

#### Application Information>License Details

Step 2 : Application Information > L	icense Details	0
License Information		
LOCATION INFO		
* Do you own or lease the location of the est	ablishment?:	
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		

#### **Back to Instructions**

#### Pay Fees

you	requi	re mo	re infi	srmation regarding	Virginia ABC, Please Click H	iere	Search		Q
Banc	quet	App	lica	tion					
1	2	3	4	Supporting Documents	5 Comments for the Agency	6 Review	7 Pay Fees	8 Rec	ord Issuance
Step .isted being	p 7 d bel g cha	Pay ow ar rged.	Fe re the The	es e fees due based following screen	upon the information you n will display your total fee	a've entered. Some fee IS.	s are pro-rated and will	result in a red	uced amount
Step ister	p 7 d bel g cha icati	ow ar rged.	Fe re the The ses	e fees due based following screet	upon the information you n will display your total fee	J've entered. Some fee 15.	s are pro-rated and will	result in a red	luced amount
Ster ister being Appli Fer	p 7 d belo g cha icationes	: Pay ow ar rged. on Fe	re the The Ses	es e fees due based following scree	upon the information you n will display your total fee	u've entered. Some fee 25.	s are pro-rated and will Ca	result in a red	luced amount Amount
Ster isted being Appli Fer Ap	p 7: d belo g cha ications es pplica	ow airged.	re the The Hes	e fees due based following screen Banquet Event	t upon the information you n will display your total fee	J've entered. Some fee 25.	is are pro-rated and will Ca	result in a red iculation	luced amount Amount \$15.00
Step Listed Deing Appli Fer Ap Ba	p 7 d belo g cha licationes pplica anque	Paj ow ai rged. on Fe	re the The ees	e fees due based following screen Banquet Event rense Fee	l upon the information you n will display your total fee	J've entered. Some fee 25.	s are pro-rated and will	result in a red iculation 1	luced amount Amount \$15.00 \$40.00

#### Back to Instructions

#### 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 sav	e fees for later.	
PAY NOW		
<ul> <li>2 Application(s)   \$195.00 Apply for a Privilege 20TMP-001375</li> <li>Retail Specialty Establishme 20TMP-001382</li> </ul>	Total due: \$0.00 nt Application 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 Note: This does not include addi	: \$195.00 ional inspection fees which may be assessed later.	
Checkout » Edit (	Cart » Continue Shopping »	

#### Payment

V	АВС
Order Section	
Amount	210.00 USD
PROCEED	WITH PAYMENT
By placing this order, you are indicating https://www.abc.virginia.gov/sto	you agree with our return and refund poli pres/store-information/return-policy

#### Back to Instructions

#### Submit Payment

Order Section		Name and Zip		
Amount	210.00 USD	FistName Susan	Last name Smith	
Payment Payment CARD		Postal code		
NSA 😂 🄜 🖘				
Card Number *				
Expiration date (MMYY)* Security code*				
	SUBMIT	PRYMENT		
By placing this or https://w	der, you are indicating www.abc.virginia.gov/sto	you agree with our return and ret presistore-information/return-poli	lund policy. Cy	
		Secure Payment		

View and Print Receipt

1 Select terr to pay	<sup>2</sup> information	3 issuance				
Step 3:Receipt/	Record issuan	ce				
Receipt						
Your ap Please p	plication(s) has been print your record(s) a	n successfully submitted. and retain a copy for your	records.			
Print/View Receipt						
Print/View Receipt	.,			27220		
Print/View Receipt 2901 He States	rmitage	RD, Richi	mond VA	23220	United	
Print/View Receipt 2901 He States	rmitage	RD, Richi		23220	United	

		I	PAYMENT RE	CEIPT		
			Receipt Number:14	254174		
DATE/TIME: 6/21/2023 12:00:00 AM NAME: Peter Smith				CASHIER: PUBLICUSER39596 ADDR:		
	_					
License #	Туре		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 Numbe	er	Payment Amount	
750337	(	Credit Card				\$50.00