

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

COMMON CARRIER PERMIT APPLICATION

A. INSTRUCTIONS

1. Print legibly in black ink.
2. Read thoroughly and complete all applicable sections.
 - *Organization*: Complete Sections B–D, F–H
 - *Individual*: Complete Sections B, E–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.
 - *Common Carrier 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. PERMITEE-ORGANIZATION

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

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

D. ASSOCIATED INDIVIDUAL

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

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E. PERMITEE-INDIVIDUAL

1. First Name, Last Name: _____
2. Primary Phone Number: _____
3. Address: (street) _____
(city/town) _____ (state) _____ (zip + 4) _____

F. CARRIER INFORMATION

1. *Description of proposed carrier business: _____

2. *Is the nature of your business transporting beer, wine, and/or spirits? Yes No
3. *Is the business licensed to transport alcohol in any other state? Yes No
If yes, please list the states: _____

G. 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: _____

H. REQUIRED DOCUMENTS

DIRECTIONS: Provide officials with the following required documents at time of submittal.

1. Documentation of Approval as an Interstate Carrier.