

Total paid: \$ <i>(office use only)</i>
Receipt number: <i>(office use only)</i>



Virginia Alcoholic Beverage
Control Authority

Agent: <i>(office use only)</i>
Record number: <i>(office use only)</i>

www.abc.virginia.gov/licenses | 804.213.4400 | 7450 Freight Way · Mechanicsville VA 23116 | PO Box 3250 · Mechanicsville VA 23116

CULINARY PERMIT APPLICATION

A. INSTRUCTIONS

- Print legibly in black ink.
- Read thoroughly and complete all applicable sections.
 - Current Licensee:* Complete Sections B–C, G–I
 - Organization:* Complete Sections B, D–E, G–I
 - Individual:* Complete Sections B, F–I
- Mail the following items to the address below:
 - Completed application*
 - All required documents
 - Nonrefundable application fee of \$50*
- Upon application approval a Permit Issuance fee is required.
 - Culinary Issuance fee of \$50.00*

Virginia Alcoholic Beverage Control Authority
License Records Management
PO Box 3250
Mechanicsville, VA 23116

B. BUSINESS LOCATION

- Facility Establishment Name: *(if applicable)* _____
- Address: *(street)* _____
(city/town) _____ *(state)* _____ *(zip + 4)* _____

C. LICENSED PROFESSIONAL (CURRENT LICENSEE)

DIRECTIONS: Either *Section C-Current License* or *Section D-Permitee* is required.

- Facility Establishment Name/Trade Name: _____
- Existing License Number: _____
- Primary Phone Number: _____
- Address: *(street)* _____
(city/town) _____ *(state)* _____ *(zip + 4)* _____

D. PERMITEE-ORGANIZATION

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

- Organization Name: _____
- Primary Phone Number: _____
- Address: *(street)* _____
(city/town) _____ *(state)* _____ *(zip + 4)* _____

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E. 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) _____

F. PERMITEE-INDIVIDUAL

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

G. CULINARY INFORMATION

1. Describe the type of establishment where food will be prepared: _____

2. *What type of alcohol will you be cooking with? _____

3. Where will the alcohol be stored? _____

4. Describe the method of food preparation: _____

H. 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: _____

I. REQUIRED DOCUMENTS

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

1. Recipes