

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

ONE TIME SALE PERMIT APPLICATION

A. INSTRUCTIONS

1. Print legibly in black ink.
2. 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
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.
 - *One Time Sale Issuance fee of \$50.00*

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. LICENSED PROFESSIONAL (CURRENT LICENSEE)

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

1. Facility Establishment Name/Trade Name: _____
2. Existing License Number: _____
3. Primary Phone Number: _____
4. 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.

1. Facility Establishment Name/Trade Name: _____
2. Primary Phone Number: _____
3. 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. SALES INFORMATION

DIRECTIONS: Question 1 is required. All other questions should be answered if the applicant has the information available.

1. *Describe the purpose of the one time sale: _____

2. If known, provide the date of auction or sale: _____
3. Sale Type: Auction Estate Judicial Auction Lien/Liquidation Other
4. Is the buyer located in the state of Virginia or outside of it? In Virginia Outside of Virginia
5. Buyer Name: _____
6. State of Licensure: _____

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. Court Order
2. Death Certificate
3. Inventory