

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>

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## OUT OF BOND PERMIT APPLICATION

### A. INSTRUCTIONS

- Print legibly in black ink.
- Read thoroughly and complete all applicable sections.
  - Current Licensee:* Complete Sections B–C, G–H
  - Organization:* Complete Sections B, D–E, G–H
  - Individual:* Complete Sections B, F–H
- 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.
  - Out of Bond Issuance fee of \$350.00*

**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.

- Facility Establishment Name/Trade 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. 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. Articles of Incorporation or Organization or similar
2. Diagram of Warehouse
3. Lease or Deed
4. Memorandum of Understanding (optional)