

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

PERSONAL IMPORT PERMIT APPLICATION

A. INSTRUCTIONS

1. Print legibly in black ink.
2. Read thoroughly and complete all applicable sections.
3. Mail the application and a nonrefundable application fee of \$50 to:

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

B. PERMITEE-INDIVIDUAL

1. First Name, Last Name: _____
2. Primary Phone Number: _____
3. Address: *(street)* _____
(city/town) _____ *(state)* _____
(zip + 4) _____
4. Active Duty Military (application fee waived for active duty military): Yes No

C. PERSONAL IMPORT INFORMATION

1. Accumulation Time *(in months)*: _____
2. Where is the alcohol currently located?
Address: *(street)* _____
(city/town) _____ *(state)* _____
(zip + 4) _____

3. Where is the alcohol being shipped?
Address: *(street)* _____
(city/town) _____ *(state)* _____
(zip + 4) _____

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D. PERSONAL IMPORT INFORMATION TABLE

DIRECTIONS: The alcohol type should be Beer, Wine, or Spirits.

Alcohol Type	Number of Bottles

E. APPLICANT'S SIGNATURE

I swear or affirm under penalty of law that the information on this posting and publishing summary is 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. Correspondence
2. Military ID
3. Supporting Documentation