Total paid: $ *(office use only)*
Receipt number: *(office use only)*

Virginia Alcoholic Beverage Control Authority

Agent: *(office use only)*
Record number: *(office use only)*

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PART 1: APPLICATION FOR RETAIL LICENSE

A. INSTRUCTIONS

PART 1 OF THE APPLICATION

Mail or deliver the following to Virginia ABC Headquarters in Hanover (address located at the top of each page of the application). Applications can be accepted at regional offices; however, delays in administrative processing may result from this method of submission as regional offices must forward all applications to the Central Office.

1. Part 1, Sections D–U of the application.
2. **Nonrefundable** application fee(s) of $195 per application. Each type of license applied for requires a separate application form.
3. Fee for criminal background check(s). To calculate fee: Multiply the number of persons who must submit a personal data sheet (section F—Related Individual Entity) x $15. *(Exceptions:* Background checks are not required for museums or shippers. Background checks fees are not applicable for out-of-state applicants.
4. Review the lists of required documents (pg. 15); submit any available documents from these lists along with Part 1 of the application.

ADDENDUM: Continuation of Operations Permit (COOP)

If assuming or continuing operation of an existing Virginia ABC licensed establishment.

ADDENDUM: Related Business Entity *(if needed)*

PART 2 OF THE APPLICATION

***Note:* Verify that Virginia ABC has received Part 1 of your application and your application fee(s) before proceeding to Part 2.**

1. Post Notice on proposed place of business (see pgs. 21-22).
2. Publish Newspaper Notice (pg. 23).

***Note:* An ABC license cannot be issued until:**

A. Virginia ABC has received all required documents. **Failure to provide required documents is the primary cause of delay in the licensing process.**
B. A special agent has completed their investigation. The special agent will begin investigation only after submission of all required documents.
C. All fees have been paid.
D. Any local government or citizen objections have been resolved. Code of Virginia compels Virginia ABC to afford citizens of the Commonwealth 30 days, from the date of first newspaper publication, in which to lodge a valid objection to the issuance of an ABC license.
E. The establishment is in operation or ready to open.

B. RETAIL LICENSE FEES

TYPE OF LICENSE	TYPE OF ESTABLISHMENT	FEE
Annual Events	Banquet Facility	$ 260.00
	Annual Arts Venue Event, Annual Banquet, Equine Sporting Event, Designated Outdoor Refreshment Area (DORA) Regular	$ 300.00
	DORA Extended (more than 16 events per year)	$ 3,000.00
	Annual Mixed Beverage Banquet	$ 630.00
Annual Mixed Beverage	Amphitheater, Historic Museum, Historic Site, Motor Sports Facility, Performing Arts Facility, Special Events Facility, Special Events Fairgrounds	$ 630.00
Bed and Breakfast		$ 100.00
Carrier	Boat	$ 910.00
	Bus	$ 520.00
	Plane	$ 2,360.00
	Train	$ 520.00 per car
Commercial Lifestyle Center		$ 300.00
Confectionery		$ 170.00
Convenience Grocery Store		$ 300.00
Gourmet Brewing Shop		$ 320.00
Internet Retailer		$240.00
Limited Mixed Beverage Restaurant	Hotel with Restaurant Limited	
	1-100 seats	$ 945.00
	101-150 seats	$ 1,385.00
	151-500 seats	$ 1,875.00

(continued)

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PART 1: APPLICATION FOR RETAIL LICENSE

B. RETAIL LICENSE FEES, *continued*

TYPE OF LICENSE	TYPE OF ESTABLISHMENT	FEE
Limited Mixed Beverage Restaurant	Restaurant Limited	
	1-100 seats	$ 945.00
	101-150 seats	$ 1,385.00
	Over 150 seats	$ 1,875.00
Marketing Portal		$ 285.00
Marketplace	Art Instruction Studio, Bespoke Clothier, Canal Boat Operator, Coworking Establishment, Day Spa, Meal Assembly Kitchen, Other	$ 1,000.00
Mixed Beverage Caterer	Caterer	$ 1,990.00
	Hotel with Caterer	$ 2,440.00
Mixed Beverage Limited Caterer	Limited Caterer	$ 550.00
Mixed Beverage Private Club	Fewer than 200 members	$ 1,250.00
	201-500 members	$ 2,440.00
	Over 500 members	$ 3,410.00
Mixed Beverage Restaurant	Culinary Lodging with Restaurant, Hotel with Restaurant, Municipal Golf Course, Resort Complex with Restaurant, Restaurant	
	1-100 seats	$ 1,050.00
	101-150 seats	$ 1,495.00
	151-500 seats	$ 1,980.00
	501-1,000 seats	$ 2,500.00
	Over 1,000 seats	$ 3,100.00
Mixed Beverage Restaurant and Casino	Restaurant and Casino	$ 3,100.00 (plus $5 per gaming machine)
Mixed Beverage Restaurant at Point of Entry	Restaurant at Point of Entry	$ 1,050.00
Motor Car Sporting Event Facility	Motor Car Sporting Event Facility	$ 300.00
Museum	Museum	$ 260.00
Retail Off Premises Wine and Beer	Delicatessen, Drug Store, Gift Shop, Gourmet Oyster House, Gourmet Shop, Marina Store	$ 300.00
Retail On and Off Premises Wine and Beer	Concert and Dinner Theater, Continuing Care Community, Culinary Lodging, Food Concessions, Historic Beer Museum, Historic Cinema, Hospital, Limited Hotel, Municipal Golf Course Private Club, Resort Complex, Resort Complex with Restaurant, Restaurant, Restaurant at Point of Entry, Rural Grocery Store	$ 450.00
	Restaurant and Casino	$ 450.00 (plus $5 per gaming machine)
Shipper		$ 230.00

NOTE: *If you do not find your establishment type listed here, you may call License Records Management at (804) 213-4577.*

C. PRIVACY STATEMENT

PRIVACY STATEMENT: *Date of birth and federal and state tax identification numbers are collected for proof of identity. The Virginia Alcoholic Beverage Control Authority (ABC) considers all personal/tax information collected as confidential information and will not provide information to any entity except as authorized by the Code of Virginia §58.1-3 or 2.2-3700 through 2.2-3714.* ***In the event a refund is requested, a state tax identification number will be required.***

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PART 1: APPLICATION FOR RETAIL LICENSE

D. BUSINESS LOCATION ADDRESS

1. *Trade name of business: _____
2. *Physical address: *(street)* _____
   (city/town) _____ *(state)* _____
   (zip + 4) _____ *(county, if applicable)* _____
3. Day phone: _____ 4. Fax: _____
5. Virginia Sales and Use Tax Account number: _____

E. OWNER/PRIMARY BUSINESS ENTITY INFORMATION

NOTICE: *Failure to disclose ownership interest in your business or falsification and/or misrepresentation of information may result in refusal of your license and/or criminal charges, which may include the Class 5 felony of perjury.*

1. *Organization name: _____
   If general partnership, enter partners' names or name of partnership. If LP, LLP, LLC or corporation, enter name as recorded with the State Corporation Commission. If association or tax-exempt private club, enter name. Only if a sole proprietor, enter first, middle and last name.
2. *Federal Employer Identification Number (FEIN): *(XX-XXXXXXX)* _____
3. Address: *(street)* _____
   (city/town) _____ *(state)* _____
   (zip + 4) _____ *(county, if applicable)* _____
4. Day phone: _____ 5. Fax: _____
6. *Preferred method of contact: ☐ Fax ☐ Phone ☐ Postal Mail
7. *Is this business entity owned by another entity? ☐ Yes ☐ No
8. *Were stock certificates issued? ☐ Yes ☐ No
9. Is the business entity an out of state entity? ☐ Yes ☐ No If yes, is this business entity registered with the Virginia State Corporation Commission? ☐ Yes ☐ No
10. *Does the group/entity hold IRS tax-exempt status? ☐ Yes ☐ No
11. Nonprofit tax exemption status: Is this business a subordinate of a national nonprofit? ☐ Yes ☐ No
12. What is the name of the national nonprofit organization? _____
13. Is this company a private club? ☐ Yes ☐ No If yes, total number of group members: _____
14. Legal business name: _____

** Mandatory field*

PART 1: APPLICATION FOR RETAIL LICENSE

E. OWNER/PRIMARY BUSINESS ENTITY INFORMATION, *continued*

15. *Legal business structure *(check only one)*:

- ☐ **General partnership.** A relationship existing between two or more persons who join together to carry on a trade or business. Each partner contributes money, property, labor and/or skills, and agrees to share in the profits or losses of the business. *(Registering with the Virginia State Corporation Commission is optional.)*
- ☐ **Limited partnership (LP).** Created to obtain additional funds. Limited partners' liability is limited to the extent of their investment. *(Must register with the Virginia State Corporation Commission.)*
- ☐ **Sole proprietor.** An unincorporated business that is owned and operated by one person. This person receives all the profits and is personally liable for all the losses. *(Does not have to register with the Virginia State Corporation Commission.)*
- ☐ **Corporation For Profit.** An entity with a legal existence apart from its owners. Corporations are classified as "stock" or "non-stock" and "domestic" or "foreign." It consists of a group of people authorized to perform certain professional services in the corporate form. *(Must register with the Virginia State Corporation Commission.)*
- ☐ **Corporation Nonprofit.** An entity with a legal existence which may have members, but not owners. Nonstock corporations are usually organized for not-for-profit purposes, such as a tax-exempt, charitable organization or a property owners' association. *(Must register with the Virginia State Corporation Commission.)*
- ☐ **Limited liability partnership (LLP).** A status granted to a general partnership or limited partnership that has registered as a limited liability partnership in its home state. *(Must register with the Virginia State Corporation Commission.)*
- ☐ **Limited liability company (LLC).** An unincorporated association usually having one or more members. It is a separate legal entity that limits the personal liability of all its owners. *(Must register with the Virginia State Corporation Commission.)*

16. *Do you have a State Corporation Commission Entity ID number? ☐ Yes ☐ No

    If yes, ID number:_____

17. Additional State Corporation Commission information: _____

    _____

** Mandatory field*

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PART 1: APPLICATION FOR RETAIL LICENSE

F. RELATED INDIVIDUAL ENTITY

Enter primary or first individual's personal data below. Multiple individuals may be required to provide personal data (see criteria below). Duplicate this sheet and complete for each individual. Personal data is required for:

- Sole Proprietor or General Partnership: owners and partners
- LP, LLP or LLC: members and managers with 10% or greater interest
- Corporation: officers, directors and stakeholders with 10% or greater ownership
- Association or Tax-Exempt Private Club: officers, directors and trustees

Criminal background check fees are $15 per individual unless a valid background check has been completed within the past two years.

1. *Full name: *(last)*_____ *(first)*_____ *(middle)*_____
2. *Driver's license (DL) number ☐ ***OR*** social security number ☐ : _____ *(DL state)* _____
3. *Date of birth*: *(MM/DD/YYYY)* _____
4. *For the purpose of conducting a background check, please indicate your gender*: ☐ Male ☐ Female
5. *Are you a U.S. citizen? ☐ Yes ☐ No If no, provide a copy of immigration card.
6. *Do you reside in Virginia? ☐ Yes ☐ No If yes, how long have you lived here? *(years)* _____ *(months)*_____
7. *Do you currently reside or have you resided in Alabama, California, Arizona or another country in past 12 months? ☐ Yes ☐ No
8. *Home phone: _____ 9. Alternate phone: _____
10. *Current home address: _____
11. Previous home address: _____
    Complete if you have lived at your current address less than one year.
12. *What is your relationship to the owner? *(Please mark all that apply and provide amount of ownership interest.)*

☐ Other	☐ Trustee	☐ Shareholder	☐ Managing Member	☐ Limited Liability Partner
☐ Owner	☐ Director	☐ Member (LLC)	☐ Sole Proprietor	☐ Member *(Limited Partnership)*
☐ Member	☐ Solicitor	☐ General Manager	☐ Individual Partner	
☐ Officer	☐ Proprietor	☐ General Partner	☐ Member *(Corporation)*	
☐ Partner	☐ Subsidiary	☐ Limited Partner	☐ Wholly Owned Subsidiary	

13. *Percentage owned in primary business entity: _____ 14. Shares owned: _____
15. *Do you currently have financial interest in any business selling alcoholic beverages? ☐ Yes ☐ No
    If yes, provide: *(ABC license number)* _____ *(trade name)*_____
    (address) _____
16. *Have you ever had any type of alcoholic beverage license refused, revoked or suspended? ☐ Yes ☐ No
    If yes, provide: *(trade name)*_____ *(date)* _____
    (address) _____
17. *Have you ever been convicted of any of the following: A. Motor vehicle violation(s) *(not including parking tickets)*? ☐ Yes ☐ No
    B. Driving while intoxicated? ☐ Yes ☐ No C. Other criminal offense(s)? ☐ Yes ☐ No
    If yes to any convictions, provide the following information (using additional sheets of paper if necessary): *(date)* _____
    *(location)*_____ *(offense)*_____
18. Are you an elected or appointed official of the Commonwealth of Virginia or any political subdivision thereof? ☐ Yes ☐ No
    If yes, provide: *(title)* _____ *(location)* _____

** Mandatory field*

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PART 1: APPLICATION FOR RETAIL LICENSE

G. DETAILED BUSINESS INFORMATION

Note: *This form may be required upon review of your business structure. VA ABC will provide notification and instructions if this information is required.*

1. What is the type of business conducted at the establishment? *(check only one).*

- ☐ 1. Airplane — *Carrier (J)*
- ☐ 2. Amphitheater — *Annual Mixed Beverage (I)*
- ☐ 3. Annual Arts Venue Event — *Annual Events (H)*
- ☐ 4. Annual Banquet — *Annual Events (H)*
- ☐ 5. Annual Mixed Beverage Banquet — *Annual Events (H)*
- ☐ 6. Art Instruction Studio — *Marketplace (L)*
- ☐ 7. Banquet Facility — *Annual Events (H)*
- ☐ 8. Bed and Breakfast — *Retail Specialty (O)*
- ☐ 9. Bespoke Clothier — *Marketplace (L)*
- ☐ 10. Boat — *Carrier (J)*
- ☐ 11. Bus — *Carrier (J)*
- ☐ 12. Canal Boat Operator — *Marketplace (L)*
- ☐ 13. Caterer — *Restaurant or Caterer (N)*
- ☐ 14. Commercial Lifestyle Center — *Retail Specialty (O)*
- ☐ 15. Concert and Dinner Theater — *Retail Specialty (O)*
- ☐ 16. Confectionery — *Retail Specialty (O)*
- ☐ 17. Continuing Care Community — *Retail Specialty (O)*
- ☐ 18. Convenience Grocery Store — *Retail Specialty (O)*
- ☐ 19. Coworking Establishment — *Marketplace (L)*
- ☐ 20. Culinary Lodging — *Hotel (K)*
- ☐ 21. Culinary Lodging with Restaurant — *Hotel (K)*
- ☐ 22. Culinary Lodging with Restaurant with Caterer — *Hotel (K)*
- ☐ 23. Day Spa — *Marketplace (L)*
- ☐ 24. Delicatessen — *Retail Specialty (O)*
- ☐ 25. Designated Outdoor Refreshment Area — *Annual Events (H)*
- ☐ 26. Drug Store — *Retail Specialty (O)*
- ☐ 27. Equine Sporting Event — *Annual Events (H)*
- ☐ 28. Food Concessions — *Retail Specialty (O)*
- ☐ 29. Gift Shop — *Retail Specialty (O)*
- ☐ 30. Gourmet Oyster House — *Retail Specialty (O)*
- ☐ 31. Gourmet Shop — *Retail Specialty (O)*
- ☐ 32. Historic Beer Museum — *Retail Specialty (O)*
- ☐ 33. Historic Cinema — *Retail Specialty (O)*
- ☐ 34. Historic Museum — *Annual Mixed Beverage (I)*
- ☐ 35. Historic Site — *Annual Mixed Beverage (I)*
- ☐ 36. Hospital — *Retail Specialty (O)*
- ☐ 37. Hotel with Caterer — *Hotel (K)*
- ☐ 38. Hotel with Restaurant — *Hotel (K)*
- ☐ 39. Hotel with Restaurant Limited — *Hotel (K)*
- ☐ 40. Hotel with Restaurant with Caterer — *Hotel (K)*
- ☐ 41. In State Internet Retailer — *Internet Retailer (Q)*
- ☐ 42. Limited Caterer — *Restaurant or Caterer (N)*
- ☐ 43. Limited Hotel — *Hotel (K)*
- ☐ 44. Marina Store — *Retail Specialty (O)*
- ☐ 45. Marketplace (Other)_____ — *Marketplace (L)*
- ☐ 46. Meal Assembly Kitchen — *Marketplace (L)*
- ☐ 47. Motor Car Sporting Event Facility — *None*
- ☐ 48. Motor Sports Facility — *Annual Mixed Beverage (I)*
- ☐ 49. Municipal Golf Course — *Restaurant or Caterer (N)*
- ☐ 50. Museum — *Retail Specialty (O)*
- ☐ 51. Out of State Internet Retailer — *Internet Retailer (Q)*
- ☐ 52. Performing Arts Facility — *Annual Mixed Beverage (I)*
- ☐ 53. Private Club — *Private Club (M)*
- ☐ 54. Resort Complex — *Hotel (K)*
- ☐ 55. Resort Complex with Restaurant — *Hotel (K)*
- ☐ 56. Resort Complex with Restaurant with Caterer — *Hotel(K)*
- ☐ 57. Restaurant — *Restaurant or Caterer (N)*
- ☐ 58. Restaurant and Casino — *Restaurant or Caterer (N)*
- ☐ 59. Restaurant at Point of Entry — *Restaurant or Caterer (N)*
- ☐ 60. Restaurant Limited — *Restaurant or Caterer (N)*
- ☐ 61. Restaurant with Caterer — *Restaurant or Caterer (N)*
- ☐ 62. Rural Grocery Store — *Retail Specialty (O)*
- ☐ 63. Shipper — *Shipper (P)*
- ☐ 64. Special Event Fairgrounds — *Annual Mixed Beverage (I)*
- ☐ 65. Special Events Facility — *Annual Mixed Beverage (I)*
- ☐ 66. Train — *Carrier (J)*

PART 1: APPLICATION FOR RETAIL LICENSE

G. DETAILED BUSINESS INFORMATION, *continued*

DAYS AND HOURS OF OPERATION

1. *Date which you began or will begin operation of business: _____

2. *Operational days and hours: _____

LOCATION INFORMATION

3. *Do you own or lease the location of the establishment? *(select only one)* ☐ Leased ☐ Owned

4. Landlord's name: _____ 11. Landlord's phone: _____

5. Landlord's address: _____

6. *Is the parking lot private or shared? *(select only one)* ☐ Private ☐ Shared

7. *Interior square footage to be licensed: _____ 15. *Patio square footage to be licensed: _____

8. *Approximate acreage on the property: _____

ESTABLISHMENT INFORMATION

9. *Who operates the establishment? *(select only one)* ☐ Owner ☐ Management Company ☐ Franchisee

10. *Is any employee paid a percentage of the proceeds? ☐ Yes ☐ No

    If yes, provide an explanation: _____

    _____

11. *Are you assuming or continuing operation of an existing Virginia ABC licensed establishment (COOP)? ☐ Yes ☐ No

    If yes, complete Addendum—Continuation of Operations Permit (COOP), pgs. 18-20. ☐ Complete

COMMENTS

12. Please provide Virginia ABC with any comments that you would like to share related to this application: _____

    _____

    _____

    _____

** Mandatory field*

PART 1: APPLICATION FOR RETAIL LICENSE

H. ANNUAL EVENTS

ALCOHOL INFORMATION *(Beer and Wine are included with this license)*

AIRPORT LOCATION INFORMATION

1. Is the establishment located within an airport?* ☐ Yes ☐ No
   A. If yes, which Airport is the establishment is located upon/within?_____
   B. Address: _____
   C. Terminal:_____ D. Concourse:_____ E. Suite:_____
2. Are you applying for an extended Designated Outdoor Refreshment Area license to exceed 16 events per year? ☐ Yes ☐ No

I. ANNUAL MIXED BEVERAGE

ALCOHOL INFORMATION *(Beer, Wine and Mixed Beverages are included with this license)*

1. Which Virginia ABC retail store do you prefer to get your inventory from *(address)*: _____
2. **Amphitheater Only—** Please provide a description of your amphitheater facility to include number of seats. _____

_____

KEG PRIVILEGE AND DELIVERY PRIVILEGE (only applicable for Amphitheater and Motor Sports Facility)

3. Do you plan to utilize the keg privilege included with the license? *(additional keg book fee applies)* ☐ Yes ☐ No
4. Do you plan to utilize the delivery privilege included with the license? *(monthly reports are required)* ☐ Yes ☐ No

NOTE: If you select No at this time, and you choose to exercise this privilege after license issuance, you must notify your Agent.

J. CARRIER

ALCOHOL INFORMATION *(Beer, Wine and Mixed Beverages are included with this license)*

1. Which Virginia ABC retail store do you prefer to get your inventory from *(address)*: _____

CARRIER INFORMATION

2. Number of buses to be licensed *(required for Bus)*: _____
3. Number of dining or club cars to be licensed *(required for Train)*: _____

KEG PRIVILEGE AND DELIVERY PRIVILEGE

4. Do you plan to utilize the keg privilege included with the license? *(additional keg book fee applies)* ☐ Yes ☐ No
5. Do you plan to utilize the delivery privilege included with the license? *(monthly reports are required)* ☐ Yes ☐ No

   NOTE: If you select No at this time, and you choose to exercise this privilege after license issuance, you must notify your Agent.

** Mandatory field*

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PART 1: APPLICATION FOR RETAIL LICENSE

K. HOTEL

ALCOHOL INFORMATION *(Beer and Wine are included with this license)*

1. Check if you would like to add: ☐ Mixed Beverage ☐ Specialty Liqueurs
2. Which Virginia ABC retail store do you prefer to get your inventory from *(address)*: _____

HOTEL INFORMATION

1. *How many guest rooms are available? _____
2. *Number of rooms to be licensed *(do not include in this count the number of guest rooms)*:_____
3. **Please provide sales figures from *(month)*_____*(year)* _____. If less than one month, give the number of days:_____**

Items of Business	Sales (less sales tax)*
Entrees (full meals)	
Other prepared food	
Nonalcoholic beverages (soft drinks, tea, coffee, etc.)	
Prepared food sold to go	
Total	
*Check here ☐ *if figures are estimated. Estimated figures are accepted from* ***prospective businesses only;*** *otherwise, actual figures are required.*	

4. Describe the areas to be licensed _____

_____

5. Describe area not to be licensed _____

_____

6. *Which range best describes the total number of seats available? *(select only one)*

☐ 1-100 ☐ 101-150 ☐ 151-500 ☐ 501-1,000 ☐ over 1,000 seats

KEG PRIVILEGE AND DELIVERY PRIVILEGE (excludes Culinary Lodging)

7. Do you plan to utilize the keg privilege included with the license? *(additional keg book fee applies)* ☐ Yes ☐ No
8. Do you plan to utilize the delivery privilege included with the license? *(monthly reports are required)* ☐ Yes ☐ No

NOTE: If you select No at this time, and you choose to exercise this privilege after license issuance, you must notify your Agent.

** Mandatory field*

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PART 1: APPLICATION FOR RETAIL LICENSE

L. MARKETPLACE

ALCOHOL INFORMATION *(Beer and Wine are included with this license)*

1. **Meal Assembly Kitchen**: How many meals are assembled or prepared per day?_____

AIRPORT LOCATION INFORMATION

2. Is the establishment located within an airport?* ☐ Yes ☐ No
   A. If yes, which Airport is the establishment is located upon/within?_____
   B. Address: _____
   C. Terminal:_____ D. Concourse:_____ E. Suite:_____

M. PRIVATE CLUB

ALCOHOL INFORMATION *(Beer and Wine are included with this license)*

1. Check if you would like to add: ☐ Mixed Beverage
2. Which Virginia ABC retail store do you prefer to get your inventory from *(address)*: _____

PRIVATE CLUB INFORMATION

3. *How many members does your club have? *(select only one)* ☐ 200 or fewer ☐ 201-500 ☐ 501 or more
4. Are you open to the public? ☐ Yes ☐ No

KEG PRIVILEGE AND DELIVERY PRIVILEGE

5. Do you plan to utilize the keg privilege included with the license? *(additional keg book fee applies)* ☐ Yes ☐ No
6. Do you plan to utilize the delivery privilege included with the license? *(monthly reports are required)* ☐ Yes ☐ No
   NOTE: If you select No at this time, and you choose to exercise this privilege after license issuance, you must notify your Agent.

N. RESTAURANT OR CATERER

ALCOHOL INFORMATION *(Beer and Wine are included with this license. Restaurant Limited also includes Specialty Liqueurs)*

1. Restaurants Only: Check if you would like to add: ☐ Mixed Beverage
2. Which Virginia ABC retail store do you prefer to get your inventory from *(address)*: _____

RESTAURANT OR CATERER INFORMATION

3. How many seats are available at the bar?_____
4. How many seats are available for sit-down dining? _____
5. How many additional dining rooms are available besides the main dining room area?_____
6. Is outside seating available? ☐ Yes ☐ No
7. How many seats are available for outside dining?_____
8. Provide a description of the barrier surrounding the outside area: _____
   _____

** Mandatory field*

PART 1: APPLICATION FOR RETAIL LICENSE

N. RESTAURANT OR CATERER, *continued*

9. *Which range best describes the total number of seats available? *(select only one)*

   ☐ 1-100 ☐ 101-150 ☐ 151-500 ☐ 501-1,000 ☐ over 1,000 seats

10. **Please provide sales figures from *(month)*_____*(year)* _____. If less than one month, give the number of days:**_____

Items of Business	Sales (less sales tax)*
Entrees (full meals)	
Other prepared food	
Nonalcoholic beverages (soft drinks, tea, coffee, etc.)	
Prepared food sold to go	
Total	
*Check here ☐ *if figures are estimated. Estimated figures are accepted from* ***prospective businesses only;*** *otherwise, actual figures are required.*	

RESTAURANT AND CASINO INFORMATION

11. *Number of gaming stations: _____

KEG PRIVILEGE AND DELIVERY PRIVILEGE (Restaurants Only)

12. Do you plan to utilize the keg privilege included with the license? *(additional keg book fee applies)* ☐ Yes ☐ No
13. Do you plan to utilize the delivery privilege included with the license? *(monthly reports are required)* ☐ Yes ☐ No

    NOTE: If you select No at this time, and you choose to exercise this privilege after license issuance, you must notify your Agent.

O. RETAIL SPECIALTY

ALCOHOL INFORMATION *(Beer and Wine are included with this license. Mixed Beverage is also included for Bed and Breakfast, Commercial Lifestyle, and Museum.)*

1. **Municipal Golf Course Only** Check if you would like to add: ☐ Mixed Beverage
2. Which Virginia ABC retail store do you prefer to get your inventory from *(address)*: _____

Off Premise Only: Confectionery, Delicatessen, Drug Store, Gift Shop, Gourmet Oyster House, Gourmet Shop, Museum

RETAIL SPECIALTY INFORMATION

1. How many guest rooms are available *(Required only for Bed & Breakfast)*? _____
2. Number of rooms to be licensed. *(Do not include in this count the number of guest rooms) (Required for Bed and Breakfast)*:_____
3. Has the intended licensee been open for at least one year? ☐ Yes ☐ No
4. Describe boundaries of license premises: _____

   _____

** Mandatory field*

PART 1: APPLICATION FOR RETAIL LICENSE

O. RETAIL SPECIALTY , *continued*

5. **Grocery and Convenience Store / Gourmet Shop / Delicatessen / Marina Store**

***(Month)*_____*(Year)* _____ If less than one month, give the number of days:_____**		
Items of Business (complete for your establishment type only)	**Sales (less sales tax)***	**Inventory (wholesale value)***
Bulk edible food/grocery items (grocery and convenience stores **only**) (edible items used in the preparation of meals)		
Individual packaged items (for grocery and convenience stores **only**) (snacks, gum, candy, chips, etc.)		
Gourmet items (gourmet shops **only**)		
Prepared foods (delicatessens **only**)		
Nonalcoholic beverages (soft drinks, tea, coffee, etc.)		
Floral arts, crafts		
Other merchandise		
Nautical or Fishing Supply and Foods (For Marina Store)		
Total		
*Check here ☐ *if figures are estimated. Estimated figures are accepted from **prospective businesses only;** otherwise, actual figures are required.*		

KEG PRIVILEGE AND DELIVERY PRIVILEGE *(Not applicable for Bed and Breakfast, Commercial Lifestyle, Confectionery, Motor Car Sporting Event Facility, Museum.)*

6. Do you plan to utilize the keg privilege included with the license? *(additional keg book fee applies)* ☐ Yes ☐ No
7. Do you plan to utilize the delivery privilege included with the license? *(monthly reports are required)* ☐ Yes ☐ No

   NOTE: If you select No at this time, and you choose to exercise this privilege after license issuance, you must notify your Agent.

** Mandatory field*

Virginia Alcoholic Beverage
Control Authority

www.abc.virginia.gov/licenses | 804.213.4400 | 7450 Freight Way · Mechanicsville VA 23116 | PO Box 3250 · Mechanicsville VA 23111

PART 1: APPLICATION FOR RETAIL LICENSE

P. SHIPPER

1. *Does the applicant own the Brand? ☐ Yes ☐ No
2. Select the type of retail establishment from which the shipment will originate:

☐ Convenience Grocery Store
☐ Culinary lodging resort
☐ Culinary lodging resort with restaurant
☐ Culinary lodging resort with restaurant with caterer
☐ Delicatessen
☐ Drug Store
☐ Gift Shop
☐ Gourmet Oyster House
☐ Gourmet Shop
☐ Grocery Store
☐ Hotel
☐ Hotel with Caterer
☐ Hotel with Restaurant
☐ Hotel with Restaurant and Caterer
☐ Resort Complex
☐ Resort Complex with Restaurant
☐ Restaurant

3. Select the industry type of establishment from which the shipment will originate *(choose one)*: ☐ Brewery ☐ Farm Winery ☐ Winery

Q. INTERNET RETAILER

1. *What is the website address where you will be selling your wine or beer?_____

** Mandatory field*

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PART 1: APPLICATION FOR RETAIL LICENSE

R. APPLICANT'S SIGNATURE–REQUIRED

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: _____

** Mandatory field*

OFFICE USE ONLY

Date received: _____	Referred to: _____	Application fee: _____
Postmarked date: _____	Date referred: _____	License fee: _____
Receipt no.: _____	Region: _____	CBC fee: _____
License no.: _____	Territory no.: _____	Total: _____

PART 1: APPLICATION FOR RETAIL LICENSE

S. REQUIRED DOCUMENTS FOR ALL ESTABLISHMENTS

PROVIDE OFFICIAL COPIES OF THE FOLLOWING REQUIRED DOCUMENTS. ***All documents must be received for agent's investigation to begin.***

1. ☐ Valid identification issued by federal, state or foreign government agency or entity, provided it contains a photograph, name, signature, date of birth and gender. *(Note: ABC may require additional identification documents. Also, if the applicant is not a citizen of the United States, a copy of documentation that permits legal residence must also be provided.)*
2. ☐ Health permit and/or agricultural certificate *(if applicable)*.
3. ☐ Lease or deed, including all amendments. Must be signed. *(Note: Must be in the name of the owner: If general partnership, partners' names or name of partnership. If LP, LLP, LLC or corporation, name as recorded with State Corporation Commission. If association or tax-exempt private club, name. Only if a sole proprietor, first, middle and last name.)*
4. ☐ Virginia sales tax certificate (front and back) from the Virginia Department of Taxation (https://www.ireg.tax.virginia.gov or (804) 367-8037).
5. All Retail Licenses *(if food concessions are sold)*:
   - ☐ Food Concession Agreement
   - ☐ List of Concessions
6. Restaurant, Hotel, Retail, Private Club, Annual Mixed Beverage:
   - ☐ Menu
7. Tax Exempt Private Clubs:
   - ☐ Charter of Members
   - ☐ House Rules or Handbook
   - ☐ Virginia ABC Financial Form

T. ADDITIONAL REQUIRED DOCUMENTS FOR CERTAIN ESTABLISHMENT TYPES

1. **Commercial Lifestyle Center**
   - ☐ Commercial Owners Association Document
   - ☐ Land survey/certification
   - ☐ Logo All Entities
   - ☐ Proof of disposable containers
   - ☐ Security documentation
   - ☐ Signage for permitted areas
2. **Continuing Care Communities**
   - ☐ Continuing Care Community License from BOI
   - ☐ Continuing Care Community License from SCC
3. **Equine Sporting Events**
   - ☐ Equine Certification
4. **Gourmet Oyster Houses**
   - ☐ Commercial Marina License
   - ☐ Event Flyers
5. **Hospitals**
   - ☐ Hospital License
6. **In-State Shippers**
   - ☐ Approval of brands to ship
   - ☐ List of brands
7. **Meal Assembly Kitchens, Bed and Breakfasts, Sole Proprietorships that own a Continuing Care Center**
   - ☐ List of meal packages available
8. **Non-Profit Museums**
   - ☐ Financial Statement last month prior to applying
   - ☐ Summary of Financials

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PART 1: APPLICATION FOR RETAIL LICENSE

U. REQUIRED DOCUMENTS FOR ENTITIES

PROVIDE OFFICIAL COPIES OF THE FOLLOWING REQUIRED DOCUMENTS. ***All documents must be received for agent's investigation to begin.***

Individual Entity

1. All Individuals:
   - ☐ DMV transcript or DMV affidavit
   - ☐ Valid Photo ID issued by government entity or agency
2. Individuals who have resided in VA for less than 12 months:
   - ☐ Criminal history
3. Individuals who have resided in AL, CA, AZ, or another country currently or in past 12 months:
   - ☐ Background Check or Affidavit
4. Non-US Citizens:
   - ☐ Citizenship proof or proof of legal residency

Business Entity

5. All Entities *(excluding sole proprietorship)*:
   - ☐ List of Officers & Titles/Directors/Members
   - ☐ Organization Chart *(excluding sole proprietorship)*
   - ☐ SCC eFile Report/ Virginia SCC Authorization Letter *(excluding sole proprietorships and general partnerships)*
6. Primary Business Entity:
   - ☐ Copy of FEIN document from IRS
7. Corporations, Non-Profit Associations, Tax Exempt Organizations:
   - ☐ Bylaws
8. General Partnership, Limited Partnership, Limited Liability Partnership:
   - ☐ Partnership Agreement / Statement of Partnership
9. **Optional Documents** *(if available)*
   - ☐ Charter, Articles of Association or Constitution
   - ☐ IRS Exempt Letter
   - ☐ Operating Agreement
   - ☐ Statement of Registration as Domestic/Foreign for SCC or SCC Charter from State of Issuance or equivalent based on entity type

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RETAIL ADDENDUM — RELATED BUSINESS ENTITY

SECTION 1

Note: *This form may be required upon review of your business structure. VA ABC will provide notification and instructions if this information is required.*

1. *Organization name: _____
   If general partnership, enter partners' names or name of partnership. If LP, LLP, LLC or corporation, enter name as recorded with the State Corporation Commission. If association or tax-exempt private club, enter name. Only if a sole proprietor, enter first, middle and last name.
2. *Federal Employer Identification Number (FEIN): *(XX-XXXXXXX)* _____
3. *Address: *(street)* _____
   (city/town) _____ *(state)* _____
   (zip + 4) _____ (county, if applicable) _____
4. Day phone: _____ 5. Fax: _____
6. *Preferred method of contact: ☐ Fax ☐ Phone ☐ Postal Mail
7. *Is this business entity owned by another entity? ☐ Yes ☐ No
8. *Were stock certificates issued? ☐ Yes ☐ No
9. Is the business entity an out of state entity? ☐ Yes ☐ No
   If yes, is this business entity registered with the Virginia State Corporation Commission? ☐ Yes ☐ No
10. *Does the group/entity hold IRS tax-exempt status? ☐ Yes ☐ No
11. Nonprofit tax exemption status: Is this business a subordinate of a national nonprofit? ☐ Yes ☐ No
12. What is the name of the national nonprofit organization? _____
13. Is this company a private club? ☐ Yes ☐ No
    If yes, total number of group members: _____
14. Legal business name: _____
15. Legal business structure *(check only one)*. *For descriptions of structures see "Owner/Primary Business Entity Information" section, page 4.*
    - ☐ **General partnership.**
    - ☐ **Corporation: For profit.**
    - ☐ **Limited liability partnership (LLP).**
    - ☐ **Limited partnership (LP).**
    - ☐ **Corporation: Nonprofit.**
    - ☐ **Limited liability company (LLC).**
    - ☐ **Sole proprietor.**
16. *Do you have a State Corporation Commission Entity ID number? ☐ Yes ☐ No
    If yes, ID number: _____
17. Virginia Sales and Use Tax Account number: _____
18. Additional State Corporation Commission information: _____
    _____
    _____

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Date received: _____	Referred to: _____	Application fee: _____
Postmarked date: _____	Date referred: _____	License fee: _____
Receipt no.: _____	Region: _____	CBC fee: _____
License no.: _____	Territory no.: _____	Total: _____

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ADDENDUM — CONTINUATION OF OPERATIONS PERMIT (COOP)

A. GENERAL COOP INFORMATION

Code of Virginia § 4.1-212 A 16 states: Any person who, through contract, lease, concession, license, management or similar agreement (herein after referred to as the contract), becomes lawfully entitled to the use and control of the premises of a person licensed by the Board to continue to operate the establishment to the same extent as a person holding such licenses, provided such person has made application to the Board for a license at the same premises. The permit shall (i) confer the privileges of any licenses held by the previous owner to the extent determined by the Board and (ii) be valid for a period of 120 days or for such longer period as may be necessary as determined by the Board pending the completion of the processing of the permittee's license application. No permit shall be issued without the written consent of the previous licensee. No permit shall be issued under the provisions of this subdivision if the previous licensee owes any state or local taxes, or has any pending charges for violation of this title or any Board regulation, unless the permittee agrees to assume the liability of the previous licensee for the taxes or any penalty for the pending charges. An application for a permit may be filed prior to the effective date of the contract, in which case the permit when issued shall become effective on the effective date of the contract. Upon the effective date of the permit, (a) the permittee shall be responsible for compliance with the provisions of this title and any Board regulation and (b) the previous licensee shall not be held liable for any violation of this title or any Board regulation committed by, or any errors or omissions of, the permittee.

For the purposes of this application the term contract will be defined as above. The terms "previous owner" and "previous licensee" shall be interchangeable with the term "current licensee." The term "permittee" shall be interchangeable with the term "applicant entity."

B. INSTRUCTIONS

- Type or print legibly in black ink.
- Read thoroughly and complete application in full.
- Complete both portions of Section 1.
- Complete Section 2, Number 1 or attach a list in the same format. This information can be obtained using the Licensee Search form on ABC's website under Licensee Resources.
- Check the appropriate box for Section 2, Number 2 and attach documents as required. State tax information can be obtained from the Virginia Department of Taxation (www.tax.virginia.gov). Local tax information can be obtained from the Commissioner of Revenue for each locality. Pending violation information should be obtained from the current licensee.
- Attach a copy of any related contract(s) for Section 2, Number 5.
- Complete Section 3.
- Complete Section 4. Have both **THE CURRENT LICENSEE** and **THE APPLICANT ENTITY** sign the affidavit. Each signature must be properly notarized.
- Include this complete Addendum with your Retail License Application and all required documents and mail to:

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

C. PRIVACY STATEMENT

PRIVACY STATEMENT: Date of birth and federal and state tax identification numbers are collected for proof of identity. The Virginia Alcoholic Beverage Control Authority (ABC) considers all personal/tax information collected as confidential information and will not provide information to any entity except as authorized by the Code of Virginia §58.1-3 or 2.2-3700 through 2.2-3714.

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ADDENDUM — CONTINUATION OF OPERATIONS PERMIT (COOP)

SECTION 1

WHEREAS, A CONTRACT EXISTS BETWEEN:

THE CURRENT LICENSEE

1. *Organization name: _____
2. *Address: (street) _____
3. (city/town) _____ 4. (state) _____ 5. (zip + 4) _____

AND

THE APPLICANT ENTITY

6. *Organization name: _____
7. *Address: (street) _____
8. (city/town) _____ 9. (state) _____ 10. (zip + 4) _____

SECTION 2

WHEREAS, THIS AGREEMENT:

1. Confirms that **THE APPLICANT ENTITY** has made application to the Board for a license for the location or locations represented in the contract and that are hereby listed or attached.
   - A. Current License Number: _____ B. Current Trade Name: _____
   - C. Applicant License Number: _____ D. Applicant Trade Name: _____
   - E. Physical Address: _____
2. Confirms that *(check any one box)*:
   - A. ☐ **THE CURRENT LICENSEE** does not owe any state or local taxes and does not have any pending charges for violation of Title 4.1 of the Code of Virginia or Board regulations.

     OR
   - B. ☐ **THE APPLICANT ENTITY** agrees to assume the liability of **THE CURRENT LICENSEE** for any state or local taxes owed and/or the penalty for any pending charges for violation of Title 4.1 of the Code of Virginia or Board regulations. A list of any pending charges including the charge or charges, current license number, current trade name, applicant license number, applicant trade name and physical location is hereby attached. A list of any state or local taxes owed is hereby attached in the same format.
3. Confirms that if a permit is issued, **THE APPLICANT ENTITY** shall be responsible for compliance with the provisions of this title and any Board regulation.
4. Confirms that if a permit is issued, **THE CURRENT LICENSEE** shall not be held liable for any violation of Title 4.1 of the Code of Virginia or any Board regulation committed by, or any errors or omissions of, **THE APPLICANT ENTITY**.
5. Confirms that a copy of the contract(s) as defined on page one is hereby attached to this application.
6. Serves as the written consent of **THE CURRENT LICENSEE** to the issuance of the permit to **THE APPLICANT ENTITY** .

SECTION 3

WHEREAS, THE CONTRACT AND THIS AGREEMENT:

Shall be executed and effective the _____ day of _____ (month), _____ (year).

Virginia Alcoholic Beverage Control Authority

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ADDENDUM — CONTINUATION OF OPERATIONS PERMIT (COOP)

SECTION 4

SWORN AFFIDAVITS:

THE CURRENT LICENSEE *(as identified on page 2)*

To witness in support of the foregoing, the undersigned makes oath that the statements contained therein and all attachments are true.

Name* *(print)*: _____

Signature: _____

Title: _____

Date: _____

NOTARIZATION OF AFFIDAVIT

Note to Notary: *You must verify the affiant's identification through documentation and have the affiant swear or affirm that the above information is true to the best of his/her knowledge and belief.*

Notary Stamp (required of Virginia-appointed notaries public)

State of _____

County/city of _____

Subscribed and sworn before me on this _____ day of _____ (month), _____ (year).

Notary public signature: _____

My notary commission expires: _____

Registration number: _____
(required of Virginia-appointed notaries public)

THE APPLICANT ENTITY *(as identified on page 2)*

To witness in support of the foregoing, the undersigned makes oath that the statements contained therein and all attachments are true.

Name* *(print)*: _____

Signature: _____

Title: _____

Date: _____

NOTARIZATION OF AFFIDAVIT

Note to Notary: *You must verify the affiant's identification through documentation and have the affiant swear or affirm that the above information is true to the best of his/her knowledge and belief.*

Notary Stamp (required of Virginia-appointed notaries public)

State of _____

County/city of _____

Subscribed and sworn before me on this _____ day of _____ (month), _____ (year).

Notary public signature: _____

My notary commission expires: _____

Registration number: _____
(required of Virginia-appointed notaries public)

****NOTE:*** *Only an owner of the business; a partner, if the business is a partnership; a member/manager of a limited liability company; or an officer or director of a corporation, if the business is a corporation, or the authorized legal representative of any of the above is authorized to sign this application.*

OFFICE USE ONLY

Date received: _____	Referred to: _____	Application fee: _____
Postmarked date: _____	Date referred: _____	License fee: _____
Receipt no.: _____	Region: _____	CBC fee: _____
License no.: _____	Territory no.: _____	Total: _____

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Control Authority

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PART 2: POSTING AND PUBLISHING

POSTING AND PUBLISHING INSTRUCTIONS

IMPORTANT INFORMATION TO NOTE: Posting and publishing **must not** be started until Virginia ABC has received Part 1 of the application and application fee(s). Posting and publishing **can be done** at the same time. Airplanes, boats, trains, museums, wine and/or beer shippers, annual banquet, annual mixed beverage banquet, out-of state beer or wine importers and out-of-state delivery permittees **do not** need to publish or post their intent to apply for a license (Code of Virginia §4.1-230.B).

1. **"Posting Notice" instructions**: The owner shall fill out the notice (page 17) stating that he/she has applied for an ABC license and post the notice for 10 complete and consecutive days on the front of the building, room or place where he/she proposes to conduct business.
2. **"Newspaper Publishing Notice" instructions:** The owner shall publish notice (page 18) in English at least two times in a newspaper having general circulation in the county, city or town where the owner proposes to conduct business. The two publishings must occur in consecutive weeks. The second publishing must occur at least seven days after the first publishing, but not later than Saturday of the second week. *Hint: The easiest way to meet this requirement is to publish on the same day in both weeks (e.g., on two consecutive Mondays).*
3. **The applicant's signature** (below) shall not be signed until these two requirements have been met:
   A. ☐ Both newspaper publishings have been completed.
   B. ☐ Ten complete and consecutive days have passed since the notice was first posted.

POSTING AND PUBLISHING SUMMARY

1. Owner's name: _____
   If general partnership, enter partners' names or name of partnership. If LP, LLP, LLC or corporation, enter name as recorded with the State Corporation Commission. If association or tax-exempt private club, enter name. Only if a sole proprietor, enter first, middle and last name.
2. Trade name of business: _____
3. Type(s) of license(s) applied for: _____
4. Location where business will trade: *(street)*_____
   *(city/town)*_____*(county, if applicable)*_____*(state)* _____
5. Date notice posted at establishment *(MM/DD/YYYY)*: _____
6. Date first notice published *(MM/DD/YYYY)*: _____Name of newspaper:_____
7. Date second notice published *(MM/DD/YYYY)*: _____Name of newspaper:_____

APPLICANT'S SIGNATURE–REQUIRED

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: _____

Virginia Alcoholic Beverage
Control Authority

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NOTICE

The applicant shown below is applying to the Virginia Alcoholic Beverage Control Authority.

TYPE(S) OF LICENSE(S): _____

FULL NAME(S) OF OWNER(S): _____

*If **general partnership,** enter partners' names or name of partnership. If **LP, LLP, LLC** or **corporation,** enter name as recorded with the State Corporation Commission. If **association** or **tax-exempt private club**, enter name. Only if a **sole proprietor,** enter first, middle and last name.*

TRADE NAME: _____

EXACT LOCATION WHERE BUSINESS WILL TRADE:

_____
(street address)

_____
(city/town)

_____ _____ _____
(county) *(state)* *(zip + 4)*

PARTNERS / CORPORATE OFFICERS HAVING INTEREST IN THE BUSINESS:

_____ _____
(name) *(title / nature of interest)*

_____ _____
(name) *(title / nature of interest)*

_____ _____
(name) *(title / nature of interest)*

DATE OF FIRST NEWSPAPER PUBLISHING:

_____/ _____/_____ _____
(date of first newspaper publishing) *(signature/title)*

Objections to the issuance of this license must be submitted to ABC no later than 30 days from above date, the publishing date of the first of two required newspaper legal notices.

Objections should be registered within 30 days at www.abc.virginia.gov or (800) 552-3200.

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Control Authority

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PART 2: POSTING AND PUBLISHING

PUBLISHING NOTICE

Please publish the following item in the ***legal notice section*** of your newspaper. Please refer to the instructions provided on page 16.

Full name(s) of owner(s): _____

If **general partnership,** *enter partners' names or name of partnership. If* **LP, LLP, LLC** *or* **corporation,** *enter name as recorded with the State Corporation Commission. If* **association** *or* **tax-exempt private club,** *enter name. Only if a* **sole proprietor,** *enter first, middle and last name.*

Trading as: _____
(trade name)

_____
(Location where business will trade)

_____
(city/town)

_____
(county) (state) (zip + 4)

The above establishment is applying to the VIRGINIA ALCOHOLIC BEVERAGE CONTROL (ABC) AUTHORITY

for a _____ **license**
(type[s] of license[s] applied for)

to sell or manufacture alcoholic beverages.

_____
(name and title of owner/partner/officer authorizing advertisement)

Date notice posted at establishment: _____

NOTE: Objections to the issuance of this license must be submitted to ABC no later than 30 days from the publishing date of the first of two required newspaper legal notices. Objections should be registered at www.abc.virginia.gov or (800) 552-3200.

OFFICE USE ONLY

Date received: _____	Referred to: _____	Application fee: _____
Postmarked date: _____	Date referred: _____	License fee: _____
Receipt no.: _____	Region: _____	CBC fee: _____
License no.: _____	Territory no.: _____	Total: _____