

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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## TRANSPORTATION PERMIT APPLICATION

### A. INSTRUCTIONS

1. Print legibly in black ink.
2. Read thoroughly and complete all applicable sections.
  - *Organization*: Complete Sections B–D, F–H
  - *Individual*: Complete Sections B, E–H
3. If section C is completed then section D must also be completed.
4. Mail the following items to the address below:
  - *Completed application*
  - All required documents
  - *Nonrefundable application fee of \$50*

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

### B. CARRIER LOCATION

1. Facility Establishment Name: *(if applicable)* \_\_\_\_\_
2. Address: *(street)* \_\_\_\_\_  
*(city/town)* \_\_\_\_\_ *(state)* \_\_\_\_\_  
*(zip + 4)* \_\_\_\_\_

### C. 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)* \_\_\_\_\_

### D. 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: \_\_\_\_\_

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### E. PERMITEE-INDIVIDUAL

**DIRECTIONS:** Section F is required to be completed with an associated business's name.

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

### F. CARRIER INFORMATION

1. Does the business utilize PUP 28-33 foot trailers to 53 foot trailers?  Yes  No
2. What is the nature of your business? \_\_\_\_\_  
\_\_\_\_\_
3. Number of Vehicles Owned: \_\_\_\_\_
4. Number of Vehicles Leased: \_\_\_\_\_
5. MC Number: \_\_\_\_\_
6. USDOT Number: *(if applicable)* \_\_\_\_\_
7. Is the business licensed to transport alcohol in any other U.S. State?  Yes  No  
If yes, list the states: \_\_\_\_\_  
\_\_\_\_\_

### 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. Federal Motor Safety Information