

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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## WALKING TOUR OR SIGHTSEEING 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 B is completed then section C must also be completed.
4. 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.
  - *Walking Tour or Sightseeing Issuance fee of \$350.00*

**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. PERMITEE-ORGANIZATION

**DIRECTIONS:** If the organization is applying directly for a license then section D is required to be completed with an associated individual's contact information.

1. Organization 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: \_\_\_\_\_
5. Address: *(street)* \_\_\_\_\_  
*(city/town)* \_\_\_\_\_ *(state)* \_\_\_\_\_ *(zip + 4)* \_\_\_\_\_

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### E. PERMITEE-INDIVIDUAL

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

### F. TOUR INFORMATION

1. \*Type of Tour:  Sightseeing  Walking Tour
2. \*Describe the locations where the business will conduct tours: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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. DMV Contract Passenger Carrier Operating Authority Certificate.