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|---|
| Total paid: \$<br><i>(office use only)</i>  |
| Receipt number:<br><i>(office use only)</i> |



Virginia Alcoholic Beverage  
Control Authority

|  |
|--|
| Agent:<br><i>(office use only)</i>         |
| Record number:<br><i>(office use only)</i> |

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## WINE OR LICENSEE OFF-SITE STORAGE PERMIT APPLICATION

### A. INSTRUCTIONS

1. Print legibly in black ink.
2. Read thoroughly and complete all applicable sections.
  - *Current Licensee:* Complete Sections B–C, G–I
  - *Organization:* Complete Sections B, D–E, G–I
  - *Individual:* Complete Sections B, F–I
3. 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.
  - *Wine or Licensee Off-Site Storage Issuance fee of \$50.00*

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. LICENSED PROFESSIONAL (CURRENT LICENSEE)

**DIRECTIONS:** Either *Section C-Current License* or *Section D-Permitee* is required.

1. Facility Establishment Name/Trade Name: \_\_\_\_\_
2. Existing License Number: \_\_\_\_\_
3. Primary Phone Number: \_\_\_\_\_
4. 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.

1. Facility Establishment Name/Trade Name: \_\_\_\_\_
2. Primary Phone Number: \_\_\_\_\_
3. 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. WINE OR LICENSEE OFF-SITE STORAGE

1. Are you applying for:  Wine Storage  Licensee Off-Site Storage
2. Enter any comments pertinent to this application. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### H. 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: \_\_\_\_\_

### I. REQUIRED DOCUMENTS

**DIRECTIONS:** Provide officials with the following required documents at time of submittal.

1. Lease or Deed
2. TTB Application/Permit