

STATE OF WEST VIRGINIA DEPARTMENT OF REVENUE ALCOHOL BEVERAGE CONTROL ADMINISTRATION

900 Pennsylvania Avenue, 4th Floor Charleston, WV 25302

INSTRUCTIONS FOR REPRESENTATIVE'S LICENSE APPLICATION (FORM ABCC-WS-181)

PLEASE READ ALL THE INSTRUCTIONS CAREFULLY.

ALL QUESTIONS ARE TO BE ANSWERED IN FULL.

APPLICANT'S ACCURRACY AND THOUROUGHNESS IN COMPLETING THE APPLICATION FORM WILL ASSIST THIS OFFICE IN PROCESSING THE APPLICATION AND PREVENT UNNECESSARY DELAYS.

APPLICANTS MUST TYPE OR PRINT, IN INK, ALL ANSWERS ON ALL FORMS

INSTRUCTIONS

- 1. All questions and/or descriptions must be answered.
- 2. The application must be signed and notarized.
- 3. If any questions/descriptions cannot be completed in the available space on the application, please submit additional pages as needed.
- 4. Each additional page submitted must include entity name, DBA name, and indicate which question applicant is answering.
- 5. Applications must be completed correctly, and all necessary paperwork included when mailed to the WVABCA. Failure to do so will result in the application being delayed and/or returned to the applicant for the necessary corrections.
- 6. License fees <u>must</u> be paid by Certified Check, Cashier's Check or money order. Personal checks, business checks or cash <u>will not</u> be accepted. Make checks payable to the WVABCA.

Fees:

- Distillery/Liquor Representative license is \$100.00 for full year.
- Wine Supplier Representative license is \$100.00 for full year.
- If a Representative for wine and liquor the fee is \$200.00. If the license for a Distillery/Wine Supplier Representative is issued for less than a full year (January 1 through June 30), the fee may be prorated to 50% of the yearly fee.
- (In State) Wine Distributor Representative \$0 (no fee).

MAIL COMPLETED APPLICATION, FEES, AND REQUIRED ACCOMPANYING FORMS TO:

West Virginia Alcohol Beverage Control Administration ATTN: Wine Licensing 900 Pennsylvania Avenue, 4th Floor Charleston, WV 25302

<u>IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE PLEASE CALL THE ADMINISTRATIONAT 1-800-642-8208 OR (304)356-5500 AND ASK FOR THE LICENSING DIVISION.</u>



| Licensing Period: | to |
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|-------------------|----|

West Virginia Alcohol Beverage Control Administration 900 Pennsylvania Avenue, 4th Floor, Charleston, WV 25302

Application for Representative's License

| u | | Liquor Repre Liestions 1-33 e: \$100 | | estions 1-33 |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------|-------------------------|
| Repre | sentative (Applicant) | | | |
| 1. | Name: | 2. | DOB: 3. SSN: | |
| 4. | Home Mailing Address: | | City/State/Zip: | |
| 5. | Home/Mobile #: | 6. | Email: | |
| Distill | ery, Wine Supplier or Wine Distributor Company | <i>'</i> | | |
| 7. | Name: | | | |
| 8. | Business Phone: | 9. | FEIN: | |
| 10. | Physical Address: | | City/State/Zip: | |
| 11. | Mailing Address: | | City/State/Zip: | |
| 12. | Company Contact: | 13. | Email: | |
| Broke | r Company (if applicant is an employee of a Broker Comp | any, comple | te questions 14-18, otherwise proc | reed to question 19. |
| 14. | Name: | 15. | Business Phone: | |
| 16 | Mailing Address: | | City/State/Zip: | |
| 17. | Company Contact: | 18. | Email: | |
| Ар | plicant: (If your answer is yes to any of the questions 19-26 attached). | 5, a written e | xplanation, including date(s) and c | harge(s) must be |
| 19 | Has applicant or any officer been: a. Convicted of a felony? b. Convicted of a violation of federal or state alcohol law c. Convicted of a criminal offense (misdemeanor) within d. Refused any type of alcohol license or permit in any st | the last 5 year | | Yes No Yes No Yes No No |
| 20 | Has applicant or any officer had:a. A hearing before the WVABCA Commissioner?b. Any type of WVABCA license or permit sanctioned? | | | Yes No Yes No |
| 21 | . Has applicant been refused any type of alcohol license or | permit in an | y state? | Yes 🗌 No 🗌 |
| 22 | Does applicant or any blood relative hold any real estate, buildings or equipment used by any WV wine retail licensee? Provide name, address and interest. | | | Yes 🗌 No 📗 |
| 23. | 3. Does applicant or any blood relative hold any interest in a license wine retailer in West Virginia? | | | Yes 🗌 No 🗌 |
| 24 | . Is the applicant, spouse of the applicant, or any blood rel Beverage Control Administration? Provide name of perso | | | Yes 🗌 No 📗 |
| 25 | . Is the applicant, spouse of the applicant, or any blood relaministical official? Provide name of person, relationship | | | Yes □ No □ |

| 26. | committee of West Virginia? | | res 🗌 No 🗌 | | | |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------|--|--|--|
| 27. | 27. Has the applicant, during the previous fiscal year, made or given, voluntarily or on request, a gift, contribution, money or property to an employee of the WVABCA, or to any West Virginia licensed wine distributor or retailer, or to or for the benefit of any political party committee or campaign fund? If yes, how much \$ To whom | | | | | |
| 28. | 28. Is the applicant a salaried employee of the company to be represented? | | | | | |
| 29. | 29. Is the applicant employed by a broker of the company to be represented? | | | | | |
| 30. | 30. Will applicant receive any hidden benefits or bonuses in addition to the salary promised? | | | | | |
| 31. | 31. What is applicant's present employment or what has recently been applicant's employment, business, or profession? | | | | | |
| 32. | 32. Does applicant intend to continue employment or business connections in addition to this application? | | | | | |
| 33. | 3. Will applicant represent wine products in West Virginia? | • | res 🗌 No 🗌 | | | |
| 34. | 34. The monetary total of all wine sales made by the applicant to West Virginia licenses wine distributors during the previous fiscal year. \$ If not a full year, what portion? | | | | | |
| 35. | 5. Will applicant represent liquor products in West Virginia? | , | res 🗌 No 🗌 | | | |
| 36. | 36. The monetary total of all alcoholic liquor sales made by the applicant to the Commissioner during the previous fiscal year \$ If not a full year, what portion? | | | | | |
| 37. | 7. The monetary total of the gross income received by the applicant on the above liste | d liquor/wine sales. \$ | | | | |
| 38. | 3. Does the applicant hold a WVABCA retail license? | Ye | es 🗌 No 🗌 | | | |
| this licer and bet | If the applicant fail to fully carry out and fulfill in every respect the laws of West Virginia, then the Commiss cense or permit and declare forfeited the penalty of the bond (if a bond is required for the selected license etween the parties hereto that before such bond shall be forfeited a hearing shall be held in the Office histration in the city of Charleston, West Virginia, after ten (10) days written notice to the applicant, setting the content of the setting of the city of Charleston, West Virginia, after ten (10) days written notice to the applicant, setting the city of Charleston. | type). However, it is agreed an of the West Virginia Alcohol | nd understood by Beverage Control | | | |
| | TO BE COMPLETED BY THE REPRESENTATIVE AND NOTARY | | | | | |
| STATE O | OF, | ature of Sales Representative | | | | |
| COUNTY | TY OF, to wit: | | | | | |
| | Given under my hand and official seal this | day of | · | | | |
| | Signature of Notary Public | Cor | nmission Expires | | | |
| | | | | | | |

| TO BE COMPLETED BY THE OWNER, | AN OFFICER, DIRECTOR OR MANAGER OF | THE COMPANY LISTED IN QUESTION #7 or #14 |
|-------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------|
| • • | • | company and will be employed by this company if the above-named applicant ceases to represent |
| Name of Company | | |
| Printed Name | Signature | Title |
| STATE OF, | | |
| COUNTY OF, to | | seal this day of |
| | | |
| | Signature of Notary Public | Commission Expires |