



Licensing Period _____ to _____

Business Type:

- Individual, Partnership, Limited Partnership, Limited Liability Co., Corporation, Association

Application or License Number: _____

Office Use Only Application Number: _____

West Virginia Alcohol Beverage Control Administration

900 Pennsylvania Avenue, Charleston, West Virginia 25302

(304)356-5500

Non-Retail Nonintoxicating Beer License Application

Grid of license options: Brewer/Importer License, Resident Brewer License, Representative Permit, Distributor License with associated fees and questions.

- 1. Licensee (Representative):, 2. Employer Name, 3. Employer Mailing Address, 4. EIN #, 5. Business Telephone, 6. Employer Physical Address

* 7. Supply the following information about owners, officers, directors, members and/or managers. 100% Ownership must be disclosed.

Table with 5 columns: Title, Name, Residence Address, Yrs. WV Residency, Date of Birth, Social Security Number, Telephone Number, % Ownership, **US Citizen

*Use a separate sheet if necessary. **If not a US Citizen, please attach a written explanation of when and where naturalized.

- 8. Contact Person, Telephone Number, E-Mail

If questions 9-12 are answered yes, a written statement must be attached to the application for license.

- 9. Has the applicant or any officer been convicted of: A) Felony? B) Violation of Federal or State Alcohol Laws? C) Criminal Offense (misdemeanor) within the last years?
10. Has applicant been refused any type of alcohol license or permit in any state?
11. Has applicant or any officer had: A) A hearing before the WVABCA Commissioner? B) Any type of WVABCA license or permit sanctioned?
12. Does the applicant, officers, directors or any blood relative own any of the following used by any retail licensee: A) Real estate? B) Buildings? C) Equipment?

Section I

Brewer/Imports located outside of West Virginia

Date and State Formed: _____

Date qualified to transact business in West Virginia: _____

**Attach Certified copies of Corporate Charter/Articles, LLC Certificate of Formation/Articles of Organization, copy of Certificate of Authority filed with the West Virginia Secretary of State Office; This applies to all entitles formed outside the State of West Virginia.*

Section II

*Representatives for Brewer/Importers,
Resident Brewers and Wholesalers*

Employer: _____

Employer Address: _____

Employer Telephone Number: _____

Applicant Telephone Number: _____

Applicant E-mail _____

Date of current employment: _____

Social Security Number: _____

Date of Birth: _____

Applicant Residence Address: _____

Have you ever had a license with any other licensed Brewer/Importer or Wholesaler? If yes, name and address of such: _____

**Affix 2" x 3"
color photo of
Brewer Representative
Applicant here.**

Section III

Distributors and Resident Brewers

West Virginia County in which business is physically located: _____

**Attach Certified copies of Corporate Charter/Articles, LLC Certificate of Formation/Articles of Organization.*

Does applicant hold a valid lease? _____ Expiration date of lease: _____

**Attach copy of valid lease.*

Property owner/Leaser name/address and phone number: _____

Do the premises conform to all health, fire and zoning regulations? _____

Should the applicant fail to fully carry out and fulfill in every respect the laws of West Virginia, then the Commissioner shall have the right to terminate or revoke this license or permit and declare forfeited the penalty of the bond (if a bond is required for the selected license type). However, it is agreed and understood by and between the parties hereto that before such bond shall be forfeited a hearing shall be held in the Office of the West Virginia Alcohol Beverage Control Commissioner in the City of Charleston, Kanawha County, West Virginia, after ten (10) days written notice to the applicant, setting forth the charge or charges and the time and place of hearing thereon and which said notice shall be served the applicant by registered mail at the address hereinabove set forth.

Instructions for signing application (attach additional sheet if necessary)

- 1) Partnership/Limited Partnership: Must be signed by all partners;
- 2) Ltd. Liability Company: Must be signed by all members;
- 3) Association: Must be signed by all members;
- 4) Corporation: Must be signed by an officer in the corporation;
- 5) Individual: Signature of that individual;
- 6) *Representatives must sign on their own behalf

Signature(s), Title(s) of applicant(s) thereunto duly authorized

State of: _____ County of: _____

Subscribed and sworn to before me this _____ day of _____, _____.

(Notary Public) _____

My commission expires the _____ day of _____, _____.