



## RETAIL LICENSE APPLICATION

### CONTENTS

#### PART 1 OF THE APPLICATION, pages 2–5

- Ownership Type, page 2
- Owner Information, page 2
- General Business Information, page 3
- Mailing Preferences, page 3
- Sworn Affidavit—Notarization Required, page 3
- Personal Data Sheet, page 4
- Personal Data Sheet (for Additional Copies), page 5

#### PART 2 OF THE APPLICATION, pages 6–8

- Detailed Business Information, pages 6–7
- Required Documents for All Establishments, page 7
- Additional Required Documents, page 8
- Signature, page 8

#### POSTING AND PUBLISHING, pages 9–11

- Instructions, page 9
- Posting and Publishing Summary, page 9
- Sworn Affidavit—Notarization Required, page 9
- Posting Notice, page 10
- Publishing Notice, page 11

#### RETAIL LICENSE INFORMATION, pages 12–15

- Retail License Fees, pages 12–13
- Definitions and Qualifications for Common Establishment Types, pages 13–15

#### ABC REGIONAL OFFICES, page 16

### PRIVACY STATEMENT

- Pursuant to Chapter 38 of Title 2.2 of the Code of Virginia, it is the policy of the Commonwealth of Virginia that personal/tax information about citizens/applicants and/or their businesses will be collected only to the extent necessary to provide the service or benefit desired; that only appropriate information will be collected; that the citizen/applicant shall understand the reason the information is collected; and be able to examine his or her personal/business record which is maintained by the Virginia Department of Alcoholic Beverage Control (ABC).
- Social security numbers, dates of birth, and federal and state tax identification numbers are collected for identification purposes.
- The Virginia Department of Alcoholic Beverage Control (ABC) considers all personal/tax information collected as confidential information. ABC does not provide information to any entity except as authorized by the Code of Virginia §58.1-3 or 2.2-3700 through 2.2-3714.

### INSTRUCTIONS

#### PART 1 OF THE APPLICATION

- Mail or deliver the following to the regional ABC office that your establishment is located in. (Use pg. 16 to determine the correct ABC office.)
  - Part 1 (pgs. 2–5) of the application.
  - Nonrefundable** application fee(s) of \$65 per application. Each type of license applied for requires a separate application form. (*Exception:* You may combine your request for a wine and beer license and a mixed beverage license in one application form, but you will still be charged two application fees equaling \$130.)
  - Fee for criminal background check(s). *To calculate fee:* multiply the number of persons who must submit a “Personal Data Sheet” x \$15. (*Exceptions:* Out-of-bond permit, museum and shipper licenses do not require background checks.)
  - Review the lists of required documents (pgs. 7–8); submit any available documents from these lists along with Part 1 of the application. Any documents from these lists that are not submitted with Part 1 must be submitted with Part 2. **Not providing required documents is the primary cause of delay in the licensing process.**
- Once Virginia ABC receives Part 1 of the application, it will be entered into our database and a special agent will be assigned to your case.

#### PART 2 OF THE APPLICATION

- **Note: Verify that Virginia ABC has received Part 1 of your application and your application fee(s) before proceeding to Part 2.**
- Post notice on proposed place of business (pgs. 9 and 10).
- Publish newspaper notice (pgs. 9 and 11).
- Mail or deliver:
  - Part 2 (pgs. 6–8) of the application.
  - Any documents from the required documents lists (pgs. 7–8) that were not turned in with Part 1 of the application.
- Assist special agent as needed during investigation.
- Pay appropriate retail license fee(s) listed on pages 12–13.
- A license cannot be issued until:
  - Virginia ABC has received all required documents.
  - A special agent has completed his/her investigation.
  - All fees have been paid.
  - Any local government or citizen objections have been resolved.
  - The establishment is in operation or ready to open.
- Please contact your regional ABC office (listed on pg. 16) if you have any questions.



Trade name (for office use only):

Virginia Department of Alcoholic Beverage Control • 2901 Hermitage Road • P.O. Box 27491 • Richmond, VA 23261 • www.abc.virginia.gov

## RETAIL LICENSE APPLICATION—PART 1

### OFFICIAL USE ONLY

Date received: _____	Referred to: _____	Application fee: _____
Postmarked date: _____	Date referred: _____	License fee: _____
Receipt no.: _____	Region: _____	CBC fee: _____
License no.: _____	Territory no.: _____	Total: _____

**Falsification and/or misrepresentation of information may result in refusal of license and/or criminal charges, which may include the Class 5 felony of perjury.**

**INSTRUCTIONS: PLEASE FILL IN ALL INFORMATION. MARK "N/A," IF NOT APPLICABLE. TYPE OR PRINT USING BLACK INK.**

### OWNERSHIP TYPE

1. Indicate the ownership type for your business (*check only one*):

- Sole proprietor.** An unincorporated business that is owned and operated by one person. This person receives all the profits and is personally liable for all the losses. (Does **not** have to register with the State Corporation Commission.)
- General partnership.** A relationship existing between two or more persons who join together to carry on a trade or business. Each partner contributes money, property, labor and/or skills, and agrees to share in the profits or losses of the business. (Registering with the State Corporation Commission is optional.)
- Limited partnership (LP).** Created to obtain additional funds. Limited partners' liability is limited to the extent of their investment. (Must register with the State Corporation Commission.)
- Limited liability partnership (LLP).** A status granted to a general partnership or limited partnership that has registered as a limited liability partnership in its home state. (Must register with the State Corporation Commission.)
- Limited liability company (LLC).** An unincorporated association usually having one or more members. It is a separate legal entity that limits the personal liability of all its owners. (Must register with the State Corporation Commission.)
- Corporation.** An entity with a legal existence apart from its owners. Corporations are classified as "stock" or "non-stock" and "domestic" or "foreign." It consists of a group of people authorized to perform certain professional services in the corporate form. (Must register with the State Corporation Commission.)
- Association.** A group of individuals or companies in a specific business or industry organized to promote common interests. (Does **not** have to register with the State Corporation Commission.)
- Tax-exempt private club.** A nonprofit organization approved by the IRS and operated solely for a national, social, patriotic, political, athletic or similar purpose. (Does **not** have to register with the State Corporation Commission.)

### OWNER INFORMATION

2. Owner's name: \_\_\_\_\_  
If **sole proprietor**, enter first, middle and last name. If **general partnership**, enter partners' names or name of partnership. If **LP, LLP, LLC** or **corporation**, enter name as recorded with the State Corporation Commission. If **association** or **tax-exempt private club**, enter name.
3. Owner's address: (street) \_\_\_\_\_  
 (city/town) \_\_\_\_\_ (state) \_\_\_\_\_ (zip + 4) \_\_\_\_\_
4. Day phone: (\_\_\_\_\_) \_\_\_\_\_ 5. Alternate phone: (\_\_\_\_\_) \_\_\_\_\_
6. Fax: (\_\_\_\_\_) \_\_\_\_\_ 7. E-mail: \_\_\_\_\_



License number (for office use only):

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# RETAIL LICENSE APPLICATION—PART 1

## GENERAL BUSINESS INFORMATION

8. Type of license(s) applied for: \_\_\_\_\_  
License type(s) must be filled in before your application will be accepted. (See "Retail License Fees" on pgs.12-13 for license types.)

9. Trade name of business: \_\_\_\_\_

10. Physical address where business will trade: (street) \_\_\_\_\_  
(city/town) \_\_\_\_\_ (state) \_\_\_\_\_ (zip + 4) \_\_\_\_\_ (county, if applicable) \_\_\_\_\_

11. Day phone: (\_\_\_\_\_) \_\_\_\_\_ 12. Alternate phone: (\_\_\_\_\_) \_\_\_\_\_

13. Fax: (\_\_\_\_\_) \_\_\_\_\_ 14. E-mail: \_\_\_\_\_

15. Type of business (check only one):

- |                                                          |                                                               |                                                  |
|----------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Banquet facility                | <input type="checkbox"/> Distillery                           | <input type="checkbox"/> Internet wine retailer  |
| <input type="checkbox"/> Bed and breakfast               | <input type="checkbox"/> Drug store                           | <input type="checkbox"/> Marina                  |
| <input type="checkbox"/> Brewery                         | <input type="checkbox"/> Food concessions (coliseum, stadium) | <input type="checkbox"/> Meal assembly kitchen   |
| <input type="checkbox"/> Carrier (airplane, boat, train) | <input type="checkbox"/> Gift shop                            | <input type="checkbox"/> Out-of-bond permit      |
| <input type="checkbox"/> Caterer                         | <input type="checkbox"/> Gourmet brewing shop                 | <input type="checkbox"/> Resort complex          |
| <input type="checkbox"/> Continuing care community       | <input type="checkbox"/> Gourmet shop                         | <input type="checkbox"/> Restaurant              |
| <input type="checkbox"/> Convenience store               | <input type="checkbox"/> Grocery                              | <input type="checkbox"/> Shipper                 |
| <input type="checkbox"/> Day spa                         | <input type="checkbox"/> Hotel                                | <input type="checkbox"/> Tax-exempt private club |
| <input type="checkbox"/> Delicatessen                    | <input type="checkbox"/> Hotel—Limited service                | <input type="checkbox"/> Wholesaler              |
| <input type="checkbox"/> Delivery permit (out-of-state)  | <input type="checkbox"/> Importer                             | <input type="checkbox"/> Winery                  |
| <input type="checkbox"/> Other: _____                    |                                                               |                                                  |

16. Does owner currently hold an ABC license at this location?  Yes  No If **Yes**, provide license number: \_\_\_\_\_

17. Who will operate the business? (check only one)  Owner  Management company  Franchisee

18. Is this business property owned or leased?  Owned  Leased

## MAILING PREFERENCES

19. Send annual renewal bills to (check only one):  Owner address  Business address  Alternate address (provide below)

20. Send **all** other mail and **license** to (check only one):  Owner address  Business address  Alternate address (provide below)

Alternate address (if needed): (street) \_\_\_\_\_

(city/town) \_\_\_\_\_ (state) \_\_\_\_\_ (zip + 4) \_\_\_\_\_

## SWORN AFFIDAVIT—NOTARIZATION REQUIRED

This sworn affidavit **must** be signed in the presence of a notary.

State of: \_\_\_\_\_ County/city of: \_\_\_\_\_

To witness in support of the foregoing, the undersigned makes oath that the statements contained therein and all attachments are true.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Note to Notary: You must verify the affiant's identification through documentation and have the affiant swear or affirm that the above information and all attachments are true to the best of their belief and knowledge.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_. My notary commission expires \_\_\_\_\_

Notary public \_\_\_\_\_ Registration number \_\_\_\_\_

Required of Virginia-appointed notaries public.

**Falsification and/or misrepresentation of information may result in refusal of license and/or criminal charges, which may include the Class 5 felony of perjury.**