

APPLICATION FOR RETAIL WINE LICENSE

Fee \$150.00



NAME: _____

AGE: _____

ADDRESS OF APPLICANT: _____

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

MAILING ADDRESS (If different): _____

Is applicant an Individual, Corporation, Partnership or other? _____

Type of Business (grocery store, specialty shop, retail store): _____

Date business started: _____

Does applicant intend to run the business for him/ herself? _____

If not, name the person who will be directly in charge: _____

Address of the person in direct charge of the business: _____

Is the person in direct charge over the age of 21? _____

Does business premise conform to WV Health Laws and Fire Regulations? _____

Does the applicant have an interest in or own any Licensed Wine Distributorship? _____

Is applicant a citizens of the United States? _____

Is applicant a resident of West Virginia? _____

If applicant is a partnership or other business organization, are all members citizens of the United States? _____

If Applicant is a partnership or other business organization, are all members residents of WV? _____

Are all members over the age of 21? _____

Has applicant or any partner, member or other been convicted of a felony in the past three (3) years? _____

If so, who, where, when and what was the disposition of the conviction? _____

Has applicant or any partner, member or other been convicted of a violation of WV State Liquor Laws in the past two (2)years? _____

If so, who, when and where? _____

Has Applicant or any Partner, Member or other had their WV State Liquor License revoked in the past five (5) years?

If so, who, when and where? _____

List of Corporation Officers, their addresses and ages:

- 1.
- 2.
- 3.
- 4.

Applicant does hereby Certify that all answers provided herein are true and correct to the best of their knowledge and Applicant further Certifies that they are Licensed by the State of West Virginia as evidenced by their attached WV State License.

Sign & Date: _____