Total paid: $ *(office use only)*
Receipt number: *(office use only)*

Virginia Alcoholic Beverage Control Authority

Agent: *(office use only)*
Record number: *(office use only)*

www.abc.virginia.gov/licenses | 804.213.4400 | 7450 Freight Way · Mechanicsville VA 23116 | PO Box 3250 · Mechanicsville VA 23116

RETAIL TOBACCO PERMIT APPLICATION

INSTRUCTIONS

1. Print legibly in black ink.
2. Read thoroughly and complete all applicable sections.
3. Mail the application, required documents on page 2, and a nonrefundable application fee to:
   - *Application Fee for current ABC Licensees of $300.00*
   - *Application Fee for Non-Licensees of $400.00*

   Virginia Alcoholic Beverage Control Authority
   License Records Management
   PO Box 3250
   Mechanicsville, VA 23116

ADDENDUM: Related Business Entity *(if needed)*

ADDENDUM: Continuation of Operations Permit (COOP)

If assuming or continuing operation of an existing Virginia ABC permitted establishment, complete this addendum. Separate fees apply.

Note: **An ABC permit cannot be issued until:**

A. Virginia ABC has received all required documents. **Failure to provide required documents is the primary cause of delay in the permitting process and may cause an application to be withdrawn.**
B. A special agent has completed their investigation. The special agent will begin investigation only after submission of all required documents.
C. All fees have been paid.
D. Any local government or citizen objections have been resolved.
E. The establishment is in operation or ready to open.

Virginia Alcoholic Beverage
Control Authority

www.abc.virginia.gov/licenses | 804.213.4400 | 7450 Freight Way · Mechanicsville VA 23116 | PO Box 3250 · Mechanicsville VA 23116

RETAIL TOBACCO PERMIT APPLICATION

REQUIRED DOCUMENTS FOR TOBACCO PERMITS

PROVIDE OFFICIAL COPIES OF THE FOLLOWING REQUIRED DOCUMENTS. All documents must be received for agent's investigation to begin. An ABC permit cannot be issued until Virginia ABC has received all required documents. **Failure to provide required documents is the primary cause of delay in the permitting process and may cause an application to be withdrawn.**

1. All Retail Permits:

A. ☐ Lease or deed

B. ☐ Virginia Sales Tax Certificate

C. ☐ Franchise or Management Agreement (if applicable)

REQUIRED DOCUMENTS FOR AN INDIVIDUAL ENTITY

PROVIDE OFFICIAL COPIES OF THE FOLLOWING REQUIRED DOCUMENTS. All documents must be received for agent's investigation to begin. An ABC permit cannot be issued until Virginia ABC has received all required documents. **Failure to provide required documents is the primary cause of delay in the permitting process and may cause an application to be withdrawn.**

1. All Individual Entities:

A. ☐ DMV transcript or DMV affidavit

B. ☐ Valid Photo ID issued by government entity or agency

2. Individuals who have resided in VA for less than 12 months:

A. ☐ Criminal history from previous state of resident

B. ☐ DMV transcript from previous state of resident

3. Individuals who have resided in AL, CA, AZ, or another country currently or in the past 12 months:

A. ☐ Background Check Affidavit

4. Non-US Citizens:

A. ☐ Citizenship proof or proof of legal presence

Fee for criminal background check(s). To calculate fee: multiply the number of persons who must submit a personal data sheet (section E—Related individual entity) x $15. (Exceptions: background checks **fees** are not applicable for out-of-state applicants).

REQUIRED DOCUMENTS FOR A BUSINESS ENTITY

PROVIDE OFFICIAL COPIES OF THE FOLLOWING REQUIRED DOCUMENTS. All documents must be received for agent's investigation to begin. An ABC permit cannot be issued until Virginia ABC has received all required documents. **Failure to provide required documents is the primary cause of delay in the permitting process and may cause an application to be withdrawn.**

1. All Business Entities: *(excluding sole proprietorship)*

A. ☐ List of Officers & Titles/Directors/Members

B. ☐ Organization Chart

C. ☐ Statement of Registration as Domestic/Foreign for SCC or SCC Charter from State of Issuance or equivalent based on entity type (if applicable)

2. Primary Business Entity:

A. ☐ Copy of FEIN document from IRS

3. Corporations, Non-Profit Associations, Tax Exempt Organizations:

A. ☐ Bylaws

4. General Partnership, Limited Partnership, Limited Liability Partnership:

A. ☐ Partnership Agreement/Statement of Partnership

5. Optional Documents: *(if applicable)*

A. ☐ Charter, Articles of Association or Constitution

B. ☐ IRS Exempt Letter

C. ☐ Operating Agreement

D. ☐ Stock Certificates

Virginia Alcoholic Beverage
Control Authority

www.abc.virginia.gov/licenses | 804.213.4400 | 7450 Freight Way · Mechanicsville VA 23116 | PO Box 3250 · Mechanicsville VA 23116

RETAIL TOBACCO PERMIT APPLICATION

PRIVACY STATEMENT

PRIVACY STATEMENT: *Date of birth and federal and state tax identification numbers are collected for proof of identity. The Virginia Alcoholic Beverage Control Authority (ABC) considers all personal/tax information collected as confidential information and will 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.* ***In the event a refund is requested, a state tax identification number will be required.***

A. BUSINESS LOCATION ADDRESS

1. *Trade name of business: _____

2. *Physical address: *(street)* _____ *(unit number)* _____

   (unit type) _____ *(city/town)* _____

   (state) _____ *(zip +4)* _____

   (county, if applicable) _____

   Day phone: _____ 4. Fax: _____

B. PRIMARY BUSINESS ENTITY INFORMATION

NOTICE: *Failure to disclose ownership interest in your business or falsification and/or misrepresentation of information may result in refusal of your permit and/or criminal charges, which may include the Class 5 felony of perjury.*

1. Legal business structure *(check only one)*:

   ☐ **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 Virginia 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 Virginia State Corporation Commission.)*

   ☐ **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 Virginia State Corporation Commission.)*

   ☐ **Corporation For Profit.** 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 Virginia State Corporation Commission.)*

   ☐ **Corporation Nonprofit.** An entity with a legal existence which may have members, but not owners. Nonstock corporations are usually organized for not-for-profit purposes, such as a tax-exempt, charitable organization or a property owners' association. *(Must register with the Virginia 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 Virginia 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 Virginia State Corporation Commission.)*

** Mandatory field*

Virginia Alcoholic Beverage
Control Authority

www.abc.virginia.gov/licenses | 804.213.4400 | 7450 Freight Way · Mechanicsville VA 23116 | PO Box 3250 · Mechanicsville VA 23116

RETAIL TOBACCO PERMIT APPLICATION

B. PRIMARY BUSINESS ENTITY INFORMATION, *continued*

2. *Organization 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. Only if a sole proprietor, enter first, middle and last name.
3. *Federal Employer Identification Number (FEIN): *(XX-XXXXXXX)* _____
4. Address: *(street)* _____
   (city/town) _____ *(state)* _____
   (zip + 4) _____ *(county, if applicable)* _____
5. Day phone: _____ 5. Fax: _____
6. *Business Email: _____
7. *Preferred method of contact: ☐ Email ☐ Fax ☐ Phone ☐ Postal Mail
8. *Is this business entity owned by another entity? ☐ Yes ☐ No
9. *Were stock certificates issued? ☐ Yes ☐ No
10. Is the business entity an out of state entity? ☐ Yes ☐ No
    If yes, is this business entity registered with the Virginia State Corporation Commission? ☐ Yes ☐ No*
11. *Do you have a State Corporation Commission Entity ID number? ☐ Yes ☐ No
    If yes, ID number: _____
12. Additional State Corporation Commission information: _____
    _____

** Mandatory field*

Virginia Alcoholic Beverage
Control Authority

www.abc.virginia.gov/licenses | 804.213.4400 | 7450 Freight Way · Mechanicsville VA 23116 | PO Box 3250 · Mechanicsville VA 23116

RETAIL TOBACCO PERMIT APPLICATION

C. RELATED INDIVIDUAL ENTITY

This form and related documentation is required for all individuals described below.

- Sole Proprietor or General Partnership: owners and partners
- LP, LLP or LLC: officers, directors, members/managers with 10% or greater interest
- Corporation: officers, directors and stakeholders with 10% or greater ownership
- Association or Tax-Exempt Private Club: officers, directors and trustees

Criminal background check fees are $15 per individual unless a valid background check has been completed within the past two years.

1. *Full name: *(last)*_____ *(first)*_____ *(middle)*_____
2. *Driver's license (DL) number: _____ DL state: _____ ***AND*** Social Security Number: _____
3. *Date of birth*: *(MM/DD/YYYY)* _____
4. *For the purpose of conducting a background check, please indicate your gender: ☐ Male ☐ Female
5. *Are you a U.S. citizen? ☐ Yes ☐ No If no, provide a copy of immigration card.
6. *Do you reside in Virginia? ☐ Yes ☐ No If yes, how long have you lived here? *(years)* _____ *(months)*_____
7. *Do you currently reside or have you resided in Alabama, California, Arizona or another country in past 12 months? ☐ Yes ☐ No
8. *Primary phone: _____ 9. *Email Address: _____
10. *Current home address: _____
11. Previous home address: _____
    Complete if you have lived at your current address less than one year.
12. *What is your relationship to the owner? *(Please mark all that apply and provide amount of ownership interest.)*

☐ Owner	☐ Director	☐ Member (LLC)	☐ Sole Proprietor	☐ Member *(Limited Partnership)*
☐ Member	☐ Solicitor	☐ General Manager	☐ Individual Partner	☐ *Other*
☐ Officer	☐ Proprietor	☐ General Partner	☐ Member *(Corporation)*	
☐ Partner	☐ Subsidiary	☐ Limited Partner	☐ Wholly Owned Subsidiary	
☐ Trustee	☐ Shareholder	☐ Managing Member	☐ Limited Liability Partner	

13. *Percentage owned in primary business entity: _____ 14. Shares owned:_____
15. *Do you currently have financial interest in any business selling alcoholic beverages or tobacco? ☐ Yes ☐ No
    If yes, provide:*(ABC license or permit number)* _____ *(trade name)*_____
    (address) _____
16. *Have you ever had any type of alcoholic beverage license or permit refused, revoked or suspended? ☐ Yes ☐ No
    If yes, provide: *(trade name)*_____ *(date)* _____
    (address) _____
17. *Have you ever been convicted of any of the following: A. Any criminal offenses? ☐ Yes ☐ No
    B. Driving while intoxicated? ☐ Yes ☐ No C. Motor vehicle violation(s) (not including parking tickets)? ☐ Yes ☐ No
    If yes to any convictions, provide the following information (using additional sheets of paper if necessary): *(date)* _____
    *(location)*_____ *(offense)*_____
18. Are you an elected or appointed official of the Commonwealth of Virginia or any political subdivision thereof? ☐ Yes ☐ No
    If yes, provide: *(title)* _____ *(location)* _____

** Mandatory field*

Virginia Alcoholic Beverage
Control Authority

www.abc.virginia.gov/licenses | 804.213.4400 | 7450 Freight Way · Mechanicsville VA 23116 | PO Box 3250 · Mechanicsville VA 23116

RETAIL TOBACCO PERMIT APPLICATION

D. DETAILED BUSINESS INFORMATION

DAYS AND HOURS OF OPERATION

1. *Date which you began or will begin operation of business: _____
2. *Operational days and hours: _____

LOCATION INFORMATION

3. *Do you own or lease the location of the establishment? *(select only one)* ☐ Leased ☐ Owned
4. Landlord's name: _____ 5. Landlord's phone: _____
6. Landlord's address: _____
7. *Is the parking lot private or shared? *(select only one)* ☐ Private ☐ Shared
8. *Interior square footage for the business: _____

ESTABLISHMENT INFORMATION

9. *Who operates the establishment? *(select only one)* ☐ Owner ☐ Management Company ☐ Franchisee
10. *Is any employee paid a percentage of the proceeds? ☐ Yes ☐ No

    If yes, provide an explanation: _____

    _____

11. *Are you assuming or continuing operation of an existing Virginia ABC licensed establishment (COOP)? ☐ Yes ☐ No
    If yes, complete Addendum—Continuation of Operations Permit (COOP), pgs. 9–11. ☐ Complete
12. Virginia Sales and Use Tax Account number: _____
13. Are there any active ABC licenses for this locations? ☐ Yes ☐ No 13b. Does your business hold that license? ☐ Yes ☐ No
    If yes to both, provide license number: _____
14. I certify that my business is in compliance with Virginia Code §59.1-293.2 et seq. (Required training for sellers of Retail Tobacco Products and Nicotine Vapor Products Containing Liquid Nicotine) and §4.1-355 et seq. and any regulations or requirements adopted pursuant thereto.
    Initial: _____

COMMENTS

15. Please provide Virginia ABC with any comments that you would like to share related to this application: _____

_____

_____

_____

** Mandatory field*

Virginia Alcoholic Beverage
Control Authority

www.abc.virginia.gov/licenses | 804.213.4400 | 7450 Freight Way · Mechanicsville VA 23116 | PO Box 3250 · Mechanicsville VA 23116

RETAIL TOBACCO PERMIT APPLICATION

E. APPLICANT'S SIGNATURE–REQUIRED

I swear or affirm under penalty of law that the information in this application is true and accurate. I understand that falsification and/or misrepresentation of information may result in refusal of the permit(s) and/or criminal charges. I understand that failure to submit all required documentation in a timely manner, may result in the withdrawal of this application and require a new application and associated fees.

Signature: _____ Date signed: _____

Print name: _____ Title: _____

* *Mandatory field*

OFFICE USE ONLY

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

Virginia Alcoholic Beverage Control Authority

www.abc.virginia.gov/licenses | 804.213.4400 | 7450 Freight Way · Mechanicsville VA 23116 | PO Box 3250 · Mechanicsville VA 23116

ADDENDUM — RELATED BUSINESS ENTITY

SECTION 1

Note: *This form may be required upon review of your business structure. Virginia ABC will provide notification and instructions if this information is required.*

1. *Organization 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. Only if a sole proprietor, enter first, middle and last name.
2. *Federal Employer Identification Number (FEIN): *(XX-XXXXXXX)* _____
3. *Address: *(street)* _____
   (city/town) _____ *(state)* _____
   (zip + 4) _____ (county, if applicable) _____
4. Day phone: _____ 5. Fax: _____
6. *Business Email: _____
7. *Preferred method of contact: ☐ Email ☐ Fax ☐ Phone ☐ Postal Mail
8. *Is this business entity owned by another entity? ☐ Yes ☐ No
9. *Were stock certificates issued? ☐ Yes ☐ No
10. Is the business entity an out of state entity? ☐ Yes ☐ No
    If yes, is this business entity registered with the Virginia State Corporation Commission? ☐ Yes ☐ No
11. Legal business name: _____
12. Legal business structure *(check only one)*. *For descriptions of structures see "Owner/Primary Business Entity Information" section, page 4.*
    - ☐ **General partnership.**
    - ☐ **Corporation: For profit.**
    - ☐ **Limited liability partnership (LLP).**
    - ☐ **Limited partnership (LP).**
    - ☐ **Corporation: Nonprofit.**
    - ☐ **Limited liability company (LLC).**
    - ☐ **Sole proprietor.**
13. *Do you have a State Corporation Commission Entity ID number? ☐ Yes ☐ No
    If yes, ID number: _____
14. Virginia Sales and Use Tax Account number: _____
15. Additional State Corporation Commission information: _____

* *Mandatory field*

OFFICE USE ONLY

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

Virginia Alcoholic Beverage
Control Authority

www.abc.virginia.gov/licenses | 804.213.4400 | 7450 Freight Way · Mechanicsville VA 23116 | PO Box 3250 · Mechanicsville VA 23116

ADDENDUM — CONTINUATION OF OPERATIONS PERMIT (COOP)

A. GENERAL COOP INFORMATION

Code of Virginia § 4.1-252 A 2 states: Any person who, through contract, lease, concession, license, management or similar agreement (collectively, the contract), becomes lawfully entitled to the use and control of the premises of a retail tobacco permittee to continue to operate the retail tobacco establishment to the same extent as a retail tobacco permittee, provided such person has made application to the Board for a retail tobacco permit at the same premises. The temporary retail tobacco permit shall (i) confer the privileges of any retail tobacco permits held by the previous owner to the extent determined by the Board and (ii) be valid for a period of 120 days or for such longer period as may be necessary as determined by the Board pending the completion of the processing of the temporary retail tobacco permittee's retail tobacco permit application. No temporary retail tobacco permit shall be issued without the written consent of the previous retail tobacco permittee. No temporary retail tobacco permit shall be issued under the provisions of this subdivision if the previous retail tobacco permittee owes any state or local taxes, or has any pending charges for violation of this article or any Board regulation, unless the temporary retail tobacco permittee agrees to assume the liability of the previous retail tobacco permittee for the taxes or any penalty for the pending charges. An application for a temporary retail tobacco permit may be filed prior to the effective date of the contract, in which case the temporary retail tobacco permit, when issued, shall become effective on the effective date of the contract. Upon the effective date of the temporary retail tobacco permit, (a) the temporary retail tobacco permittee shall be responsible for compliance with the provisions of this article and any Board regulation and (b) the previous retail tobacco permittee shall not be held liable for any violation of this article or any Board regulation committed by, or any errors or omissions of, the temporary retail tobacco permittee.

For the purposes of this application the term contract will be defined as above. The terms “previous owner” and “previous permittee” shall be interchangeable with the term “current permittee.” The term “permittee” shall be interchangeable with the term “applicant entity.”

B. INSTRUCTIONS

1. Type or print legibly in black ink.
2. Read thoroughly and complete application in full.
3. Complete both portions of Section 1.
4. Complete Section 2, Number 1 or attach a list in the same format. This information can be obtained using the Licensee Search form on ABC’s website under Licensee Resources.
5. Check the appropriate box for Section 2, Number 2 and attach documents as required. State tax information can be obtained from the Virginia Department of Taxation (www.tax.virginia.gov). Local tax information can be obtained from the Commissioner of Revenue for each locality. Pending violation information should be obtained from the current licensee.
6. Attach a copy of any related contract(s) for Section 2, Number 5.
7. Complete Section 3.
8. Complete Section 4. Have both **THE CURRENT PERMITEE** and **THE APPLICANT ENTITY** sign the affidavit. Each signature must be properly notarized.
9. Mail the following items to the address below:
   - *Completed Retail Tobacco application with Addendum*
   - All required documents
   - *Nonrefundable COOP application fee of $50*

   Virginia Alcoholic Beverage Control Authority
   License Records Management
   PO Box 3250
   Mechanicsville, VA 23116
10. Upon application approval a Permit Issuance fee is required.
    - *COOP Issuance fee of $50.00*

C. PRIVACY STATEMENT

PRIVACY STATEMENT: Date of birth and federal and state tax identification numbers are collected for proof of identity. The Virginia Alcoholic Beverage Control Authority (ABC) considers all personal/tax information collected as confidential information and will 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.

Virginia Alcoholic Beverage
Control Authority

www.abc.virginia.gov/licenses | 804.213.4400 | 7450 Freight Way · Mechanicsville VA 23116 | PO Box 3250 · Mechanicsville VA 23116

ADDENDUM — CONTINUATION OF OPERATIONS PERMIT (COOP)

SECTION 1

WHEREAS, A CONTRACT EXISTS BETWEEN:

THE CURRENT PERMITTEE

1. *Organization name: _____
2. *Address: (street) _____
3. (city/town) _____ 4. (state) _____ 5. (zip + 4) _____

AND

THE APPLICANT ENTITY

6. *Organization name: _____
7. *Address: (street) _____
8. (city/town) _____ 9. (state) _____ 10. (zip + 4) _____

SECTION 2

WHEREAS, THIS AGREEMENT:

1. Confirms that **THE APPLICANT ENTITY** has made application to the Board for a permit for the location or locations represented in the contract and that are hereby listed or attached.
   - A. *Current Permit Number: _____ B. *Current Trade Name: _____
   - C. Applicant Permit Number: _____ D. *Applicant Trade Name: _____
   - E. *Physical Address: _____
2. *Confirms that *(check only one box)*:
   - A. ☐ **THE CURRENT PERMITTEE** does not owe any state or local taxes and does not have any pending charges for violation of Title 4.1 of the Code of Virginia or Board regulations.

   OR

   - B. ☐ **THE APPLICANT ENTITY** agrees to assume the liability of **THE CURRENT PERMITTEE** for any state or local taxes owed and/or the penalty for any pending charges for violation of Title 4.1 of the Code of Virginia or Board regulations. A list of any pending charges including the charge or charges, current permit number, current trade name, applicant permit number, applicant trade name and physical location is hereby attached. A list of any state or local taxes owed is hereby attached in the same format.
3. Confirms that if a permit is issued, **THE APPLICANT ENTITY** shall be responsible for compliance with the provisions of this title and any Board regulation.
4. Confirms that if a permit is issued, **THE CURRENT PERMITTEE** shall not be held liable for any violation of Title 4.1 of the Code of Virginia or any Board regulation committed by, or any errors or omissions of, **THE APPLICANT ENTITY**.
5. Confirms that a copy of the contract(s) as defined on page one is hereby attached to this application.
6. Serves as the written consent of **THE CURRENT PERMITTEE** to the issuance of the permit to **THE APPLICANT ENTITY** .

SECTION 3

WHEREAS, THE CONTRACT AND THIS AGREEMENT:

Shall be executed and effective the _____ day of _____ (month), _____ (year).

** Mandatory field*

Virginia Alcoholic Beverage
Control Authority

www.abc.virginia.gov/licenses | 804.213.4400 | 7450 Freight Way · Mechanicsville VA 23116 | PO Box 3250 · Mechanicsville VA 23116

ADDENDUM — CONTINUATION OF OPERATIONS PERMIT (COOP)

SECTION 4

SWORN AFFIDAVITS:

THE CURRENT PERMITTEE *(as identified in Section A)*

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

Name* *(print)*: _____

Signature: _____

Title: _____

Date: _____

NOTARIZATION OF AFFIDAVIT

Note to Notary: *You must verify the affiant's identification through documentation and have the affiant swear or affirm that the above information is true to the best of his/her knowledge and belief.*

Notary Stamp (required of Virginia-appointed notaries public)

State of _____

County/city of _____

Subscribed and sworn before me on this _____ day of _____ (month), _____ (year).

Notary public signature: _____

My notary commission expires: _____

Registration number: _____
(required of Virginia-appointed notaries public)

THE APPLICANT ENTITY *(as identified on page 2)*

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

Name* *(print)*: _____

Signature: _____

Title: _____

Date: _____

NOTARIZATION OF AFFIDAVIT

Note to Notary: *You must verify the affiant's identification through documentation and have the affiant swear or affirm that the above information is true to the best of his/her knowledge and belief.*

Notary Stamp (required of Virginia-appointed notaries public)

State of _____

County/city of _____

Subscribed and sworn before me on this _____ day of _____ (month), _____ (year).

Notary public signature: _____

My notary commission expires: _____

Registration number: _____
(required of Virginia-appointed notaries public)

***NOTE:** Only an owner of the business; a partner, if the business is a partnership; a member/manager of a limited liability company; or an officer or director of a corporation, if the business is a corporation, or the authorized legal representative of any of the above is authorized to sign this application.*

OFFICE USE ONLY

Date received: _____ Referred to: _____ Application fee: _____

Postmarked date: _____ Date referred: _____ Permit fee: _____

Receipt no.: _____ Region: _____ CBC fee: _____

Permit no.: _____ Territory no.: _____ Total: _____