

WEST VIRGINIA ALCOHOL BEVERAGE CONTROL ADMINISTRATION

APPLICATION FOR SPECIAL EVENTS
FAIR AND FESTIVAL LICENSE
Consumption "On Premise"
CLASS A

SPECIAL EVENTS
[X] BEER.....\$250
[X] WINE.....\$250

County: Monongalia

Tax ID#: 55-0462065

1. Name of Event: 1st Annual Motown Mac N' Cheese Cook-off

2. Name of Applicant(s): United Way of Monongalia and Preston Counties

3. Applicant's Mailing Address:

278C Spruce Street Morgantown WV 26505
(Street/Route) (City) (State) (Zip Code)

4. Applicant's Telephone Number: (304) 296 7525 Fax: (304) 296 6370 Other: ()

5. Email address: Unitedway@unitedwaympc.org

6. Description of the location of the event (street, reference landmark, etc.):

Market Place Pavilion. 411 Spruce Street Morgantown WV 26505

7. Dates of event (month /day/year) Start: Aug 9th 2:00pm End: Aug 9th 5:00pm

(Event cannot exceed ten (10) days)
Operation days and times must be listed below (if all times are the same as the first day write same on following lines)

Table with 2 columns and 5 rows for listing operation days and times.

8. Supply the Following Information About Owner(s) and/or Officer(s) and Manager(s):

US Citizen*

Executive Director Brandi Helms 1012 Laurelwood Dr, Morgantown 26508 N/A % ownership Yrs. Resident of WV

Y/N

Date of Birth Social Security # Telephone Number

Title Name Residence Address % ownership Yrs. Resident of WV
Date of Birth Social Security # Telephone Number

Y/N

Title Name Residence Address % ownership Yrs. Resident of WV
Date of Birth Social Security # Telephone Number

Y/N

Title Name Residence Address % ownership Yrs. Resident of WV
Date of Birth Social Security # Telephone Number

Y/N

Title Name Residence Address % ownership Yrs. Resident of WV
Date of Birth Social Security # Telephone Number

Y/N

*IF A NATURALIZED US CITIZEN, PLEASE ATTACH A WRITTEN EXPLANATION OF WHEN AND WHERE NATURALIZED.

The undersigned agree, if a license is issued as herein applied for, to comply at all times and observe all the provisions of West Virginia Code §§ Chapter 11, Article 16 et seq., and Chapter 60, Articles 1 through 8 et seq., and all Federal and State Statutes and all other laws of this State and the rules and regulations promulgated by the Alcohol Beverage Control Administration. I or we certify under penalty of law and disqualification of licensure that all statements are true and complete. I or we release the State of West Virginia and any agent acting on its behalf from any and all liability by reason of the request for such information.

The undersigned hereby verify that we are all officers and all members of the board of directors on the application and that the statements and answers made in the foregoing application are true and the said writing is the act and deed of said Corporation, Limited Liability Company, Association, Individual, Partnership, Limited Partnership. **PRESIDENT, INDIVIDUAL, OR CONTROLLING MEMBER(S) SIGNATURES MUST BE NOTARIZED! MUST MATCH OFFICERS LISTED WITH THE SECRETARY OF STATE. MANAGERS MUST ALSO SIGN.**

PRINT CLEARLY/WITTEN SIGNATURES REQUIRED

NAME: Brandi Helms TITLE: Executive Director
SIGNATURE: _____ DATE OF SIGNATURE: 6/19/14
NAME: _____ TITLE: _____
SIGNATURE: _____ DATE OF SIGNATURE: _____
NAME: _____ TITLE: _____
SIGNATURE: _____ DATE OF SIGNATURE: _____
NAME: _____ TITLE: _____
SIGNATURE: _____ DATE OF SIGNATURE: _____
NAME: _____ TITLE: _____
SIGNATURE: _____ DATE OF SIGNATURE: _____

State of West Virginia, Monongalia County, To-Wit:
Brandi Helms Being first duly sworn
according to law, deposes and says that he/she is Executive Director of the
President, Individual, or controlling Member(s)

United Way of Monongalia + Preston Co., authorized by law to do business in the State of West Virginia, and that the
Business Entity

statements and answers made in the foregoing application are true and acknowledged the said writing to be the act and deed of said corporation.

(Applicant Signature) Brandi Helms

STATE OF WEST VIRGINIA
COUNTY OF Monongalia, to wit:

Sworn to before me and subscribed in my presence this 27 day of June, 2014.

[Signature]
NOTARY PUBLIC
My Commission Expires 11-27-2023



SEAL OF NOTARY