

City of Danville Alcoholic Beverage Control



Basic Application Packet

JANUARY, 2022



**CITY OF DANVILLE
ALCOHOLIC BEVERAGE CONTROL**

445 W. Main St.
Danville, KY 40422
(859) 238-1200 phone
(859) 238-1236 fax

[Email blester@danvilleky.gov](mailto:blester@danvilleky.gov)

BASIC APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
Applications will be returned if all questions are not answered completely.

SECTION A	SECTION B
<p>1. Applicant's business/company name _____ (applicant's name, if sole proprietor)</p> <p>DBA (Doing Business As): _____</p> <p>Address of premises to be licensed _____</p> <p>City _____ County _____</p> <p>State _____ Zip code _____</p> <p>Mailing address (if different from above) _____</p> <p>Contact person _____ E-mail address _____</p> <p>Contact phone _____ Fax _____ Premises phone _____</p> <p>Fee enclosed \$ _____</p>	<p>2. Tax numbers must be issued in the applicant's name.</p> <p>Federal EIN # _____</p>

SECTION C
<p>3. Complete the following for the business proprietor, partner(s), and all persons interested in the business to be licensed. List all owners, officers, directors, partners, managing members, members, and shareholders. If privately-held, show 100% of the ownership. If publicly-traded, list the three highest ranking officers and any natural person who owns ten (10) percent or more. If non-profit, list the highest ranking director or officer. Attach additional pages as needed. If you are operating under a management agreement, please enclose a copy of agreement.</p> <p>Is this a publicly held company: <input type="checkbox"/> YES <input type="checkbox"/> NO. (If yes, attach the criminal background checks for the three highest ranking officers and any person who owns 10 percent (10%) or more interest. If no, attach the criminal background checks for all persons listed in Section C.</p>

NAME AND HOME ADDRESS	ALL PHONE NUMBERS H= HOME W= WORK F= FAX C= CELL	SOCIAL SECURITY NUMBER	TITLE	USA CITIZENSHIP	DATE OF BIRTH	LIST STATE(S) WHERE PERSON RESIDED IN PAST 5 YRS	% OF OWNERSHIP
	H _____ W _____ F _____ C _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			%
	H _____ W _____ F _____ C _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			%
	H _____ W _____ F _____ C _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			%

SECTION D

4. Is the applicant the owner of the real estate where these premises are to be licensed? YES NO
 If yes, **attach** a deed. If no, **attach** a signed copy of the lease or permit.
- ABC **will not** issue any license(s) unless this lease extends through the full period of the license expiration date.
- ABC **will not** issue any license(s) unless the applicant has an active and valid lease or deed permit for the licensed premises.
- If the applicant is not the owner of the real estate premises:
- Name the owner of the real estate premises _____
- Give the address of the owner of the real estate premises _____
- Give a contact number for the owner of the real estate premises _____
- What is the expiration date of the lease or permit? (MM/DD/YY) _____
5. If the applicant is a corporation, limited partnership, or limited liability company (LLC), is it in good standing with the Kentucky Secretary of State? YES NO
- Identify the state in which the applicant is incorporated or organized _____
- Attach** a copy of the applicant's Articles of Incorporation or Articles of Organization.
 If incorporated or organized in another state, **attach** a Certificate of Authority to do business in Kentucky.
- Identify and provide the address of the individual who is designated as the process agent to receive legal notifications:

-
6. Has the applicant or any person listed in Section C (3) ever held any type of alcoholic beverage licenses? YES NO
- If yes, check the license type(s) and give the business name and state:
- Alcohol Producer: _____
- Distributor/Wholesaler: _____
- Retailer: _____
7. Does the applicant or anyone named in Section C (3) of this application have 10% interest or more in any alcohol license type? (804: KAR 4:015) YES NO
- If yes, please list or explain _____
8. Has the applicant or any person named in Section C (3) been convicted of any felony, been released from felony custody or felony incarceration, been on felony parole, or had a termination of felony probation within the past five (5) years? (KRS 243.100)1)(a) YES NO
9. Has the applicant or any person named in Section C (3) been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance within the past two (2) years? (KRS 243.100(1)(b) and (c) YES NO
10. Has there ever been a suspension, denial, or revocation of any Kentucky alcoholic beverage license held by the applicant or by any person named in Section C (3) of this application? If yes, **attach** a statement giving a full explanation, including date(s) of suspension, denial, or revocation. YES NO
11. a. Are the premises currently licensed? YES NO
 If yes, list the Kentucky License number(s): _____
- b. Are the rights of an existing Quota Retail Package license being transferred? YES NO
- c. Is the applicant applying for a new Quota Retail Package license? YES NO
- d. Is the applicant acquiring an interest in the existing business? YES NO
- e. If (d) is yes, has the applicant applied for a Transitional Alcohol License? YES NO
12. Will gasoline or lubricating oil be sold or work be done on motor vehicles? YES NO
- If yes, will an inventory of not less than \$5,000 in food, groceries, and related products be maintained? YES NO

SECTION E

17. Check the license type(s) for which the applicant is applying. For each license type selected, the applicant affirms that the requirements for that license type(s) are met.

LICENSE TYPES	Licensing Fee Full Year	Licensing Fee Half Year
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RETAIL – QUOTA	City license section 2.5-12	
<input type="checkbox"/> Quota Retail Package License (KRS 243.230, KRS 243.240, 804 KAR 4:270) A quota license must be available prior to applying.	\$1,000	\$500
<input type="checkbox"/> Quota Retail Drink License (KRS 243.250 – no longer limited)	\$1,000	\$500
RETAIL-NON QUOTA	City license section 2.5-12	
<input type="checkbox"/> NQ Retail Malt Beverage Package License (KRS 243.280)	\$200	\$100
<input type="checkbox"/> NQ-4 Retail Malt Beverage Drink License (KRS 243.088)	\$200	\$100
<input type="checkbox"/> NQ-1 Retail Drink License (KRS 243.082) Includes distilled spirits, wine, and malt beverages. Specify the business type: <ul style="list-style-type: none"> <input type="checkbox"/> Convention Center – Premises capacity of 1,000 persons <input type="checkbox"/> Horse Track – Premises located at a track licensed by the Kentucky Racing Commission (KRS 243.265) Attach a copy of the racing license <input type="checkbox"/> Automobile Race Track – Premises seating capacity of 30,000 persons <input type="checkbox"/> Air or Rail System – Commercial airline system or railroad company sells alcohol to passengers on scheduled chartered trips. Attach a copy of the listing of the air or rail terminals used and the locations of the storage areas. <input type="checkbox"/> State Park – 9 or 18-hole golf course, or full-service lodge and dining room. 	\$2,000	\$1,000
<input type="checkbox"/> NQ-2 Retail Drink License (KRS 243.084) Specify the business type: <ul style="list-style-type: none"> <input type="checkbox"/> Restaurant - Minimum 50% of gross annual income from food sales. <input type="checkbox"/> Motel/Hotel - Minimum 50 sleeping rooms, and maintain a restaurant with 50% food sales. <input type="checkbox"/> Airport - Premises located in a commercial airport through which more than 500,000 passengers arrive or depart annually <input type="checkbox"/> Riverboat – Attach a copy of the applicant’s license issued by the United States Coast Guard authorizing the applicant’s Riverboat to carry 100 or more passengers. <input type="checkbox"/> Distillery – Must be located in wet territory or distillery moist territory and all employees who will be involved in sales/services must be STAR trained within (30) days of beginning employment. 	\$1,000	\$500
<input type="checkbox"/> NQ-3 Retail Drink License (KRS 243.086) Specify the business type: <ul style="list-style-type: none"> <input type="checkbox"/> Private Club - Nonprofit charitable, civic, social, fraternal organization, or political club which has maintained a room, rooms, or premises from which the general public is excluded. Attach documentary evidence of the applicant’s non-profit status. <input type="checkbox"/> Dining Car - Railroad or Pullman car company that sells alcohol by package or drink on a train <input type="checkbox"/> Bed and Breakfast – Must be located in wet territory and may 	\$300	\$150

only sell to registered overnight guests Attach Permit to operate (902 KAR 45:006)		
<input type="checkbox"/> Limited Restaurant License LR100 or (KRS 241.010 (32), KRS 242.1244) LR100 - Minimum 70% food sales and minimum seating capacity of 100 persons at tables	\$1,200	\$600
<input type="checkbox"/> Limited Golf Course License (KRS 243.038, KRS 243.039) Nine (9) or eighteen (18) hole USGA regulation golf course	\$1,200	\$600
<input type="checkbox"/> Qualified Historic Site License (KRS 241.010, KRS 243.042)	\$1,030	\$515
<input type="checkbox"/> Caterer's License (KRS 241.010, KRS 243.033, 804 KAR 4:310) Premises contain commissary (kitchen) and applicant holds food service permit. Attach a copy of the applicant's Food Service Permit issued by the Boyle County Health Department.	\$800	\$400
PRODUCER/SUPPLIER		
<input type="checkbox"/> Distiller's License KRS 243.120, KRS 243.130) Attach a copy of the Federal Basic Permit.	\$500	\$250
<input type="checkbox"/> Rectifier's License - Class A [more than 50,000 gallons rectified annually] (KRS 243.120, KRS 243.130) Attach a copy of the Federal Basic Permit.	\$3,000	\$1,500
<input type="checkbox"/> Rectifier's License - Class B [less than 50,000 gallons rectified annually] (KRS 243.120, 243.130) Attach a copy of the Federal Basic Permit. Attach The most recent Federal Monthly Report of Processing Operations form if available.	\$960	\$480
<input type="checkbox"/> Brewer's License (KRS 243.150, KRS 244.606) Attach a copy of the Federal Basic Permit.	\$500	\$250
<input type="checkbox"/> Microbrewery License [not to exceed 50,000 barrels produced annually] (KRS 243.157, KRS 244.606) Attach a copy of the Federal Basic Permit. Attach the most recent Federal Monthly Report of Processing Operations form if available (TTBF 5130.9)	\$500	\$250
DISTRIBUTION/WHOLESALE		
<input type="checkbox"/> Wholesaler's Distilled Spirits and Wine License (KRS 243.160, KRS 243.170) Attach a copy of the Federal Basic Permit.	\$3,000	\$1,500
<input type="checkbox"/> Malt Beverage Distributor's License (KRS 243.180, KRS 244.606) Attach a copy of the Federal Basic Permit.	\$400	\$200
STORAGE		
<input type="checkbox"/> Bottling House / Bottling House Storage License (KRS 243.350) Attach a copy of the Federal Basic Permit	\$1,000	\$500
LICENSE TYPES	Licensing Fee Full Year	Licensing Fee Half Year

SUPPLEMENTAL LICENSES	City license section 2.5-12 page 6	
<input type="checkbox"/> Supplemental Bar License Fees are required for the first five. (KRS 243.037, KRS 241.010) Select supplemental license type that applies to primary license type:		
<input type="checkbox"/> Quota Retail Drink	\$1,000	\$500
<input type="checkbox"/> NQ-2 Retail Drink	\$1,000	\$500
<input type="checkbox"/> Limited Restaurant	\$1,200	\$600
<input type="checkbox"/> Limited Golf Course	\$1,200	\$600
<input type="checkbox"/> NQ-3 Retail Drink	\$300	\$150
For how many Supplemental Licenses is the applicant applying? _____		
SPECIALITY LICENSES	City license section 2.5-12 page 6	
<input type="checkbox"/> Special Sunday Retail Drink License Available only if authorized by local ordinance or election. (KRS 244.290, KRS 244.295)	\$300	\$150
<input type="checkbox"/> Extended Hours Supplemental License Available only to holders of NQ-1 Retail Drink Licenses, and Qualified Historic Site Licenses located within commercial airport (KRS 243.050)	\$2,000	\$1,000
<input type="checkbox"/> Authorized Public Consumption License (KRS 243.089) <u>Attach</u> a copy of local COD permit. <u>Attach</u> a copy of general liability insurance.	\$250	\$125

SECTION F

13. List all types of licenses applied for in Section E:

14. Describe in detail the type of business and how alcoholic beverages will be sold:

If applicable, how will Malt Beverages (beer) be sold at the business:

- Drink
 Package
 Both Drink and Package

If applicable, how will Wine & Distilled Spirits be sold at the business:

- Drink
 Package
 Both Drink and Package

SECTION AA

THIS SELLER MUST COMPLETE THIS SECTION IF SECTION (D) HAS BEEN ANSWERED "YES" OR IF A LICENSE IS BEING TRANSFERRED.

I (we), _____ hereby swear and affirm that I am the owner or authorized officer
(print full name)

of _____ that holds the following state license(s), the numbers of which are
(name of business)

given here: _____. The business is located at _____
(business address)

My contact information: _____, _____, _____, _____
(street address) (city) (county) (St) (zip)

(phone number) (fax number) (email address)

I (we) hereby surrender said license(s) and in doing so relinquish all rights and claims thereto and all privileges hereunder. I understand that if a license transfer is not approved, said license surrender shall be null and void and the license shall remain in the seller's name.

Signature of Seller _____ **Title** _____ **Date** _____

(If a partnership, all partners **must sign**. If a corporation, only one officer **must sign**.)

SECTION BB

OBTAIN CITY OF DANVILLE ABC ADMINISTRATOR'S SIGNATURE OF APPROVAL

The City of Danville ABC Administrator must approve this application and such approval must be forwarded to the state ABC. Take or mail this application, fees, and all attachments to the City of Danville ABC Administrator. The City of Danville ABC Administrator will submit their approval/disapproval online at abc.ky.gov.

I certify under oath that the applicant(s) has been approved for the equivalent local license type(s) applied herein for the identified premises, and that the applicant satisfies all local ordinances.

APPLICANT NAME _____ ADDRESS _____

SIGNATURE OF APPROVAL OF CITY OF DANVILLE ABC ADMINISTRATOR _____
DATE _____

AFFIDAVIT OF BUYER OR NEW PERSON APPLYING FOR THE ABC LICENSE(S)

I, (print your name here) _____, do hereby swear or affirm under penalty of perjury that all statements contained in this application and all its attachments are true and correct to the best of my knowledge, information, and belief. I hereby swear and affirm that I shall not engage in any activity involving alcoholic beverages at the premises described herein until I have been issued the appropriate license(s) by the Kentucky Department of Alcoholic Beverage Control. I hereby swear and affirm that if the license(s) is issued, I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages. I hereby swear and affirm that no persons listed in Section (C) 3 of this application are in default of a repayment obligation under any financial program administered by a Kentucky Higher Education Assistance Authority (KHEAA) such as a student loan repayment.

Signature of Buyer or New Applicant _____ Title _____ Date _____

No license to sell alcoholic or malt beverages shall be granted or renewed to any person who is delinquent in the payment of any taxes or fees due to the City at the time of issuing the license, nor shall any license be granted or renewed to sell upon any premises or property, owned and occupied by the licensee upon which there are any delinquent taxes or fees due the City. Further, if a licensee becomes delinquent in the payment of any taxes or any fees due the City at any time during the license period, the license to sell alcoholic or malt beverages shall be subject to revocation or suspension.

Initial here: _____

This concludes the ABC Basic Application.

Note: Once you have completed the application, please save a copy and print the completed application and return it to the City of Danville Codes Enforcement, 445 W. Main St, Danville, KY 40422 with the applicable license fees. We accept completed applications by hand delivery, or by mail.

CHECK LIST

1. Have you included a certified check, cashier's check, business check, or money order for license(s) fees made payable to the "City of Danville"? YES NO
2. Have you answered each question fully and checked the type(s) of license(s) you are applying for? YES NO
3. Have you signed your application? YES NO
4. If applicable, has the seller signed the application? YES NO
5. Have you attached a copy of your newspaper advertisement for this license? YES NO
6. Have you attached a signed/valid copy of your deed or lease? YES NO
7. Have you attached a copy of your criminal background check from the state(s) where you have resided for the past five years? YES NO
8. Have you reviewed your application to assure there are no errors, missing information and/or responses? YES NO
9. Have all additional required documents been attached? YES NO



**VERIFICATION OF FOOD SERVICE COMPLIANCE
Related to
City of Danville, Kentucky
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

Applicant's business/company name: _____

D/B/A: _____

Business Address: _____

Mailing Address: _____

Phone No.: (____) _____ Cell Phone No.: (____) _____

Email address: _____

List all types of licenses you are applying for: _____

The remainder of this form must be completed by the Boyle County Health Department,
448 South 3rd Street, Danville, Kentucky, Phone: 859-236-2053, before submitting your application for an
Alcoholic Beverage License.

Address of premises to be licensed: _____

This is to certify that the premises listed above have obtained all necessary food service permits in order to comply
with the Kentucky Food Service Code. Please note the following conditions, if any:

*Establishment will be required to comply with applicable Kentucky Food Service Establishment Act and State Retail
Food code requirements prior to commencing operation.

Signed this _____ day of _____, 20 _____.

Boyle County Health Department Representative



**VERIFICATION OF FIRE CODE COMPLIANCE
Related to
City of Danville, Kentucky
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

Applicant's business/company name: _____

D/B/A: _____

Business Address: _____

Mailing Address: _____

Phone No.: (____) _____ Cell Phone No.: (____) _____

Email address: _____

List all types of licenses you are applying for: _____



The remainder of this form must be completed by the City of Danville Fire Marshal,
420 W. Main St., Danville, Kentucky, Phone: 859-238-1211, before submitting your application for an Alcoholic
Beverage License.



Address of premises to be licensed: _____

This is to certify that the premises listed above meets the current, city adopted Fire and Life Safety Codes in order to
comply with the Alcoholic Beverage Control Ordinance of the City of Danville, Kentucky. Please note the following
conditions, if any:

Seating Requirement if applicable _____

Signed this _____ day of _____, 20 _____.

Scott Lawson
City of Danville Fire Marshal



**VERIFICATION OF BUILDING CODE COMPLIANCE
Related to
City of Danville, Kentucky
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

Applicant's business/company name: _____

D/B/A: _____

Business Address: _____

Mailing Address: _____

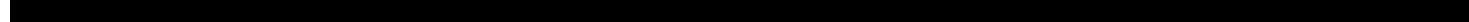
Phone No.: (____) _____ Cell Phone No.: (____) _____

Email address: _____

List all types of licenses you are applying for: _____



The remainder of this form must be completed by the City/County Building Inspector,
321 W. Main St., Room 203, Danville, Kentucky, Phone: 859-238-1107, before submitting your application for an
Alcoholic Beverage License.



Address of premises to be licensed: _____

This is to certify that the premises listed above meets all applicable Building Codes in order to comply with the Alcoholic Beverage Control Ordinance of the City of Danville, Kentucky. Please note the following conditions, if any:

Signed this _____ day of _____, 20 _____.

Rusty Cox
City/County Building Inspector



VERIFICATION OF ZONING COMPLIANCE
Related to
City of Danville, Kentucky
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Applicant's business/company name: _____

D/B/A: _____

Business Address: _____

List all types of licenses you are applying for: _____



The remainder of this form must be completed by the Danville-Boyle Planning & Zoning Commission, 445 W. Main St., Suite 205, Danville, Kentucky, Phone: 859-238-1235, before submitting your application for an Alcoholic Beverage License.



Address of premises to be licensed: _____

This is to certify that the premises listed above meets Zoning Ordinance in order to comply with the Alcoholic Beverage Control Ordinance of the City of Danville, Kentucky.

Property Zoning: _____

Conditions, if any: -

Signed this _____ day of _____, 20 _____.

Danville-Boyle Planning & Zoning Commission



**CITY OF DANVILLE
ALCOHOLIC BEVERAGE CONTROL**

445 W. Main St., PO Box 670
Danville, KY 40423
(859) 936-6840 phone
(859) 238-1232 fax

<https://www.danvilleky.gov/>

To obtain your criminal history check, call a phone number or visit a website listed below:

Alabama	1-866-740-4762 or 334-353-4340	http://background.alabama.gov/
Alaska	907-269-5767 or 907-269-5640	http://www.dps.state.ak.us/statewide/background/
Arizona	602-223-2000	http://www.azdps.gov/Services/Records/Criminal_History_Records/
Arkansas	501-618-8500	https://www.ark.org/criminal/index.php
California		http://oag.ca.gov/fingerprints/security
Colorado	303-239-4208	https://www.cbirecordscheck.com/
Connecticut	860-685-8480	http://www.ct.gov/despp/lib/despp/reports_and_records/dps-846-c.pdf
Delaware		http://dsp.delaware.gov/state_bureau_of_identification.shtml
Florida	850-410-8109	http://www.fdle.state.fl.us/Criminal-History-Records/Record-Check
Georgia	404-244-2639	http://gbi.georgia.gov/obtaining-criminal-history-record-information
Hawaii	808-587-3279	https://ecrim.ehawaii.gov/ahewa/
Idaho	208-884-7130	https://isp.idaho.gov/bci/criminal-history/
Illinois	815-740-5160	https://isp.illinois.gov/BureauOfIdentification/CriminalHistory
Indiana	317-233-5424	http://www.in.gov/ai/appfiles/isp-lch/
Iowa	515-725-6066	https://dps.iowa.gov/divisions/criminal-investigation/criminal-history/record-check-forms
Kansas	785-296-2454, 785-296-5059, or 800-452-6727	https://www.kansas.gov/kbi/criminalhistory/
Kentucky	800-928-6381 or 502-573-1682	http://courts.ky.gov/aoc/criminalrecordreports/Pages/default.aspx
Louisiana	225-925-6096 or 225-925-6095	https://louisiana.staterecords.org/background.php
Maine	207-624-7240	https://www5.informe.org/online/pcr/
Maryland	410-764-4501 or 888-795-0011	https://www.dpscs.state.md.us/publicservs/bgchecks.shtml
Massachusetts	617-660-4600	http://www.mass.gov/eopss/agencies/dcjis/
Michigan	517-241-0606	https://www.michigan.gov/msp/0,4643,7-123-1878_8311---,00.html
Minnesota	651-793-2400	https://chs.state.mn.us/
Mississippi	855-938-5042	https://mississippi.staterecords.org/background.php
Missouri	573-526-6312	https://www.machs.mshp.dps.mo.gov/MACHSFP/home.html
Montana	406-444-3625	https://dojmt.gov/enforcement/background-checks/
Nebraska	402-479-4971	https://www.nebraska.gov/apps-nsp-limited-criminal

Nevada	775-684-6262	https://nevada.staterecords.org/background.php
New Hampshire	603-223-3867	https://www.nhsp.dos.nh.gov/our-services/criminal-records/criminal-history-record-requests
New Jersey	609-882-2000 ext. 2918	http://www.njsp.org/criminal-history-records/index.shtml
New Mexico	505-827-9181	https://www.dps.nm.gov/top-links-for-nm-residents/fingerprinting-and-background-checks
New York	212-428-2943	http://www.criminaljustice.ny.gov/ojis/recordreview.htm
North Carolina	919-890-1000	https://www.nccourts.gov/help-topics/court-records/criminal-background-check
North Dakota	701-328-5500	https://attorneygeneral.nd.gov/public-safety/criminal-history-records/requesting-criminal-history-record-check
Ohio	877-224-0043	https://www.ohioattorneygeneral.gov/backgroundcheck
Oklahoma	405-848-6724	https://osbi.ok.gov/services/criminal-history
Oregon	503-378-5470 or 888-272-5545	http://www.oregon.gov/dhs/business-services/chc/pages/index.aspx
Pennsylvania	888-783-7972	https://epatch.state.pa.us/Home.jsp
Rhode Island	401-274-4400	https://riag.ri.gov/about-our-office/divisions-and-units/bureau-criminal-identification-bci/background-checks
South Carolina	803-737-9000	https://catch.sled.sc.gov/
South Dakota	605-773-3331	https://atg.sd.gov/LawEnforcement/Identification/backgroundcheckrequirements.aspx
Tennessee	615-744-4000	https://www.tn.gov/tbi/divisions/cjis-division/background-checks.html
512-424-2474	855-481-7070	https://securesite.dps.texas.gov/DpsWebsite/CriminalHistory/
Utah	801-965-4445	http://bci.utah.gov/criminal-records/
Vermont	802-244-8727	https://vcic.vermont.gov/ch-information/record-checks
Virginia	804-674-2131	https://www.vsp.virginia.gov/CJIS_Criminal_Record_Check.shtm
Washington	360-534-2000 option 2	https://www.wsp.wa.gov/crime/criminal-history/
West Virginia	304-746-2235 or 304-746-2498	http://www.wvsp.gov/pages/default.aspx
Wisconsin	608-266-7314	https://www.doj.state.wi.us/dles/cib/background-check-criminal-history-information
Wyoming	307-777-7181	https://wyomingdci.wyo.gov/criminal-justice-information-services-cjis/background-checksapplicant-tracking-system