



COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400  
502-564-4850 phone  
502-564-1442 fax  
<http://abc.ky.gov>

## Instructions for Temporary Event Application

### General Requirements

- You must be at least 21 years of age.
- You must be a Kentucky resident for the past year unless applying as a corporation, LLC or Ltd. partnership.
- You must be U.S. citizen unless applying as a corporation, LLC or Ltd. partnership.
- Individuals, owners, partners, officers, directors or interested parties may not apply if they have been convicted of any felony within the past five years; or convicted of any alcohol or controlled substance related misdemeanor in past two years.
- You must be a non-profit charitable organization.
- If you are a for-profit individual, sole proprietor, company or limited liability company (LLC) or organization, the event must be part of a bona fide civic event or community sponsored event.
- Event must be held in a wet territory. Temporary licenses cannot be obtained for events held in limited wet, moist or dry territories.

### LOCAL APPROVAL PROCESS

The local ABC Administrator's approval of an application must be sent to the state ABC administrator before a license can be processed in Frankfort. Visit <http://abc.ky.gov/> to find the local ABC administrator in your area.

### TIME TO PROCESS APPLICATIONS

Complete applications must be submitted to this Department no later than a minimum of five (5) business days prior to the event. (See, 804 KAR 4:250). If an applicant chooses to withdraw a license application or your license application is not issued for any reason, you must submit a **written request for a refund**. The state ABC office will keep \$50 of your application fee for processing costs. Please contact your local administrator for processing time to ensure timely submission of your application to the state administrators.

**Only non-profit organizations can obtain temporary auction licenses.**

## How to Apply

1. Answer all questions on the application.
  - Non-profit charitable organizations must list the top registered officer(s) of the organization, school or church in Section (C) of this application.
  - All privately owned corporations or limited liability companies (LLC) must list all owners in Section (C) of this application, showing 100% ownership.
  - If the corporation or limited liability company (LLC) is owned in part or in full by another corporation (multi-level corporate ownership structure) you must provide the top three highest ranking officers of that company/LLC and their percent ownership on Section (C) or on an attachment to Section (C).
  - If the corporation or limited liability company (LLC) is owned in part or in full by another corporation (multi-level corporate ownership structure) you must provide the top three highest ranking officers of that company/LLC and their percent ownership on Section (C) or on an attachment to Section (C).
2. Pay your application fee(s) by attaching a completed **REMITTANCE FORM, a certified check, cashier's check, or money order payable to: KENTUCKY STATE TREASURER. WE DO NOT ACCEPT CASH.**
3. Multiple points of sale at the same event must apply for and pay a licensing fee for each point of sale.
4. All applicants are responsible for providing a recent copy (no more than 6 months old) of a **statewide** police criminal background check from all states where you have resided in the past (5) years. Attached are instructions on how to obtain a statewide criminal background check. For Kentucky dial (800) 928-6381 or go to <http://www.courts.ky.gov>.
  - A non-profit charitable organization, school, or church top registered officer(s) must submit the required criminal background checks.
  - If a privately owned corporation or limited liability company (LLC), you must submit backgrounds on all primary officers and any owner holding more than 10% ownership.
  - If a publically traded corporation, you must submit backgrounds on each of the top three highest ranking officers of the corporation.
  - If the corporation or limited liability company (LLC) is owned in part or in full by another corporation (multi-level corporate ownership structure), you must provide criminal backgrounds on the top three highest ranking officers of that company/LLC.
5. If applicant is a non-profit charitable organization, attach documentation of your non-profit status and your Federal Tax ID.
6. If applicant is a for-profit entity, attach a copy of your articles of incorporation, partnership papers, or organizational papers.
7. Attach a copy of the deed, lease, or permit for the real estate premises where you plan to sell alcohol.
8. If applicant is a for-profit individual, sole proprietor, company or limited liability company (LLC), or organization who is qualifying for this license because the event is a bona fide civic event or community sponsored event, attach written documentary evidence supporting the civic nature of the event and showing local government's knowledge and support of the event. This letter must be provided by either the Mayor's office, or the County Judge Executive's office, depending on if your event is being held in a city or outside of city limits in the county.



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**SPECIAL TEMPORARY LICENSE APPLICATION**

Val. \_\_\_\_\_

**Applications will be returned if all questions are not answered completely.**

Val. \_\_\_\_\_

**LEAVE BLANK - FOR ABC USE ONLY**

License # \_\_\_\_\_ \$ \_\_\_\_\_ License # \_\_\_\_\_ \$ \_\_\_\_\_ License # \_\_\_\_\_ \$ \_\_\_\_\_  
License # \_\_\_\_\_ \$ \_\_\_\_\_ License # \_\_\_\_\_ \$ \_\_\_\_\_ License # \_\_\_\_\_ \$ \_\_\_\_\_

Reviewing Licensing Administrative Specialist: \_\_\_\_\_ Input Date: \_\_\_\_\_ Review Date: \_\_\_\_\_  
Malt Beverage Administrator's Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Distilled Spirits Administrator's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION A**

Name of person(s) or company to be licensed: \_\_\_\_\_  
Name of the special event: \_\_\_\_\_  
Address of premises to be licensed: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing address (if different from above): \_\_\_\_\_  
Contact person: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Contact phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Check the type of temporary license(s) for which the applicant is applying:  
 Special Temporary license  Special Temporary Alcoholic Beverage Auction license

**SECTION B**

1. Amount of fee enclosed (make certified check, cashier's check, or money order payable to Kentucky State Treasurer): \_\_\_\_\_
2. Period to be covered by license beginning (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ through  
(month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_  
(Each qualifying event requires a separate application, fee, and license.)
3. What are the date(s) and time(s) of the qualifying event? \_\_\_\_\_
4. Kentucky law limits temporary licenses to public events. Therefore, do you agree to not exclude the public from this special event?  YES  NO
5. Does the applicant own the premises where the qualifying event is to take place?  YES  NO  
If yes, **attach** a copy of the deed.  
If no, **attach** a copy of the lease, permit, or letter of permission to use this property, signed by the applicant and the owner of the premises. List the premises owner's name and contact information:  
\_\_\_\_\_

### SECTION C

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 this is a publicly-traded company or a non-profit company, list the top three officers and any natural person who owns ten percent (10%) or more interest. Make an attachment if additional space is needed.

NAME AND HOME ADDRESS	ALL PHONE NUMBERS H= HOME W= WORK F= FAX C= CELL	SOCIAL SECURITY NUMBER	TITLE	USA CITIZENSHIP	DATE OF BIRTH	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			%
	H _____ W _____ F _____ C _____			<input type="checkbox"/> YES <input type="checkbox"/> NO			%

### SECTION D

**A temporary license may be obtained only if the event is located in a wet territory where retail alcoholic beverage sales are permitted. This license cannot be issued in moist or dry territories.**

6. Are the premises to be licensed located within an incorporated city or town?  YES     NO  
If yes, give the name of the city or town: \_\_\_\_\_

7. Is the entire license fee paid by the applicant and by no other person?  YES     NO

8. Is the applicant a corporation, limited partnership, or limited liability company in good standing with the Kentucky Secretary of State?  YES     NO

9. Is the applicant a non-profit organization?  YES     NO

NOTE: For-profit individuals, promoters, or corporations may receive special temporary licenses in conjunction with civic events. (804 KAR 4:250) Applications by for-profit individuals, promoters, corporations, or organizations for a special temporary license in conjunction with an organized civic or community sponsored event, must **attach** written or documentary evidence of the civic nature of the event, including but not limited to any promotional materials or news articles evidencing the local government's knowledge of and support for the event for which the applicant is applying.

10. Has the applicant or any person named in Section C 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  
If yes, **attach** a statement identifying the person(s) convicted and date(s) and type(s) of conviction(s).

11. Has the applicant or any person named in Section C been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance in the past two (2) years? (KRS 243.100(1)(b) and (c))  YES     NO  
If yes, **attach** a statement identifying the person(s) convicted and date(s) and type(s) of conviction(s).

12. Has there ever been a suspension, denial, or revocation of any alcoholic beverage license held by the applicant or by any person named in Section C of this application?  YES     NO  
If yes, **attach** a statement giving a full explanation, including dates of suspension, revocation or denial.

13. **Attach** a description of the event. Attach copies of any advertising, mailers, invitations or handbills for this event, if applicable. Include any other information the applicant wishes the state administrators to consider.

Note: An ABC licensed caterer may not cater alcoholic beverages at an event covered by a special temporary license.  
No free samples of alcoholic beverages may be provided at the event.  
All alcoholic beverages for the event must be purchased through a licensed distributor or wholesaler.

14. Name of the responsible party/individual who shall be present at the time of the event: \_\_\_\_\_

**SECTION E**

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

License Types	Licensing Fee
<input type="checkbox"/> Special Temporary License (KRS 243.260 and 804 KAR 4:250). Check the type of alcoholic beverage sales the applicant desires. Some territories do not permit distilled spirit sales. <ul style="list-style-type: none"> <li><input type="checkbox"/> Malt Beverage/Beer</li> <li><input type="checkbox"/> Distilled Spirits</li> <li><input type="checkbox"/> Wine</li> <li><input type="checkbox"/> All</li> </ul>	\$90
<input type="checkbox"/> Special Temporary Alcoholic Beverage Auction License (KRS 243.036)	\$110

**LOCAL ABC ADMINISTRATOR APPROVAL**

Pursuant to KRS 243.370, if a city or county alcohol license is required, then the local ABC Administrator must approve this application before it can be submitted to the state ABC. Take or mail this application and all attachments to the local ABC Administrator. Obtain the local ABC Administrator's signature and approval before filing this application with the state ABC office.

**LOCAL ABC ADMINISTRATOR'S SIGNATURE OF APPROVAL**

**I certify 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.**

The premises to be licensed is located in the following wet or moist **PRECINCT**: \_\_\_\_\_

**APPLICANT'S NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**Administrator: Please identify whether a special temporary license authorizes distilled spirits drink sales in your locality:**

- Yes. Quota Retail Drink (LD) Licenses are available in this locality.**
- Yes. An economic hardship ordinance authorizes distilled spirits drink sales in this locality.**
- No. Special Temporary licenses do not authorize distilled spirits drink sales in this locality.**

**SIGNATURE OF APPROVAL OF LOCAL ABC ADMINISTRATOR:** \_\_\_\_\_

**PRINTED NAME OF LOCAL ABC ADMINISTRATOR:** \_\_\_\_\_

City of \_\_\_\_\_ Administrator      OR      County of \_\_\_\_\_ Administrator

**APPLICATION AFFIDAVIT**

***AFFIDAVIT OF APPLICANT APPLYING FOR THE ABC LICENSE (S)***

I, (print your name here) \_\_\_\_\_ **do hereby swear and affirm under penalty of perjury** that all statements contained in this application and any 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) of this application are in default of a repayment obligation under any financial program administered by Kentucky Higher Education Assistance Authority (KHEAA) such as a student loan repayment.

**Signature of Applicant:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**REMITTANCE FORM**

**\*\*\*\*\*There will be a 2.75% Convenience Fee added to the total for Credit Card payments and \$0.35 for Electronic Fund Transfer/Automated Clearing House (EFT/ACH) payments.\*\*\*\*\*  
Please fill out the information for the chosen payment type and sign at the bottom of the page.**

Please provide your name, address and telephone number in case we need to contact you regarding this payment:

\_\_\_\_\_  
Name Address  
Telephone Number \_\_\_\_\_ Amount of payment \$ \_\_\_\_\_

**EFT/ACH PAYMENT**

Print Name (as it appears on the account) \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**CREDIT CARD PAYMENT**

Card Type:  Visa  Master Card  Discover  
Print Name (as it appears on the account) \_\_\_\_\_  
Card Number \_\_\_\_\_ Expiration Date (Month/Year) \_\_\_\_\_  
CVV/Credit Card Security Code (3 digit number on the back of the card) \_\_\_\_\_

**PAYMENT REASON & AUTHORIZATION**

Please apply this payment to the following licensee \_\_\_\_\_  
License Number(s) \_\_\_\_\_ SITE ID # \_\_\_\_\_  
Reason for payment \_\_\_\_\_

By signing and dating this form, I authorize my credit card to be charged or bank account to be debited for the stated payment amount plus fees as described above. I also agree that I am responsible for any fees if payment is declined.

Name \_\_\_\_\_ Date \_\_\_\_\_



**PUBLIC PROTECTION CABINET  
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL**

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

<b>Alabama</b>	1-866-740-4762 or 334-517-2470	<a href="http://background.alabama.gov/">http://background.alabama.gov/</a>
<b>Alaska</b>	907-269-5767 or 907-269-5640	<a href="http://www.dps.state.ak.us/statewide/background/">http://www.dps.state.ak.us/statewide/background/</a>
<b>Arizona</b>	602-223-2222	<a href="http://www.azdps.gov/Services/Records/Criminal_History_Records/">http://www.azdps.gov/Services/Records/Criminal_History_Records/</a>
<b>Arkansas</b>	501-618-8500	<a href="https://www.ark.org/criminal/index.php">https://www.ark.org/criminal/index.php</a>
<b>California*</b>	Please contact our office for information.	<a href="http://oag.ca.gov/fingerprints/security">http://oag.ca.gov/fingerprints/security</a>
<b>Colorado</b>	303-239-4208	<a href="https://www.cbirecordscheck.com/">https://www.cbirecordscheck.com/</a>
<b>Connecticut</b>	860-685-8480	<a href="http://www.ct.gov/despp/lib/despp/reports_and_records/dps-846-c.pdf">http://www.ct.gov/despp/lib/despp/reports_and_records/dps-846-c.pdf</a>
<b>Delaware*</b>	Please contact our office for information.	<a href="http://dsp.delaware.gov/state_bureau_of_identification.shtml">http://dsp.delaware.gov/state_bureau_of_identification.shtml</a>
<b>Florida</b>	850-410-8109	<a href="https://web.fdle.state.fl.us/search/app/default">https://web.fdle.state.fl.us/search/app/default</a>
<b>Georgia</b>	404-244-2639	<a href="http://gbi.georgia.gov/obtaining-criminal-history-record-information">http://gbi.georgia.gov/obtaining-criminal-history-record-information</a>
<b>Hawaii</b>	808-587-3100	<a href="https://ecrim.ehawaii.gov/ahewa/">https://ecrim.ehawaii.gov/ahewa/</a>
<b>Idaho</b>	208-884-7130	<a href="https://www.isp.idaho.gov/BCI/index.html">https://www.isp.idaho.gov/BCI/index.html</a>
<b>Illinois</b>	815-740-5160	<a href="http://www.isp.state.il.us/crimhistory/chri.cfm">http://www.isp.state.il.us/crimhistory/chri.cfm</a>
<b>Indiana</b>	317-233-5424	<a href="http://www.in.gov/ai/appfiles/isp-lch/">http://www.in.gov/ai/appfiles/isp-lch/</a>
<b>Iowa</b>	515-725-6066	<a href="http://www.dps.state.ia.us/DCI/supportoperations/crimhistory/obtain_records.shtml">http://www.dps.state.ia.us/DCI/supportoperations/crimhistory/obtain_records.shtml</a>
<b>Kansas</b>	785-296-2454, 785-296-5059, or 800-452-6727	<a href="http://www.kansas.gov/kbi/criminalhistory/">http://www.kansas.gov/kbi/criminalhistory/</a>
<b>Kentucky</b>	800-928-6381 or 502-573-1682	<a href="http://courts.ky.gov/aoc/criminalrecordreports/Pages/default.aspx">http://courts.ky.gov/aoc/criminalrecordreports/Pages/default.aspx</a>
<b>Louisiana</b>	225-925-6096 or 225-925-6095	<a href="https://wwwcfprd.doa.louisiana.gov/LaServices/PublicPages/ServiceDetail.cfm?service_id=3386">https://wwwcfprd.doa.louisiana.gov/LaServices/PublicPages/ServiceDetail.cfm?service_id=3386</a>
<b>Maine</b>	207-624-7240	<a href="https://www5.informe.org/online/pcr/">https://www5.informe.org/online/pcr/</a>
<b>Maryland</b>	410-764-4501 or 888-795-0011	<a href="http://www.dpscs.state.md.us/publicservs/bgchecks.shtml">http://www.dpscs.state.md.us/publicservs/bgchecks.shtml</a>
<b>Massachusetts</b>	617-660-4600	<a href="http://www.mass.gov/eopss/agencies/dcjis/">http://www.mass.gov/eopss/agencies/dcjis/</a>
<b>Michigan</b>	517-241-0606	<a href="http://www.michigan.gov/msp/0,4643,7-123-1878_8311---,00.html">http://www.michigan.gov/msp/0,4643,7-123-1878_8311---,00.html</a>
<b>Minnesota</b>	651-793-2400	<a href="https://cch.state.mn.us/">https://cch.state.mn.us/</a>
<b>Mississippi*</b>	Please contact our office for information.	<a href="http://www.msdh.state.ms.us/msdhsite/index.cfm/30,0,206,html">http://www.msdh.state.ms.us/msdhsite/index.cfm/30,0,206,html</a>
<b>Missouri</b>	573-526-6312	<a href="https://www.machs.msdp.dps.mo.gov/MACHSFP/home.html">https://www.machs.msdp.dps.mo.gov/MACHSFP/home.html</a>

<b>Montana</b>	406-444-3625	<a href="https://dojmt.gov/enforcement/background-checks/">https://dojmt.gov/enforcement/background-checks/</a>
<b>Nebraska</b>	402-479-4971	<a href="https://www.nebraska.gov/apps-nsp-limited-criminal/">https://www.nebraska.gov/apps-nsp-limited-criminal/</a>
<b>Nevada</b>	775-684-6262	<a href="http://gsd.nv.gov/uploadedFiles/gsdnvgov/content/Home/Features/DPS_006_Form112015.pdf">http://gsd.nv.gov/uploadedFiles/gsdnvgov/content/Home/Features/DPS_006_Form112015.pdf</a>
<b>New Hampshire</b>	603-223-3867	<a href="http://www.nh.gov/safety/divisions/nhsp/ssb/crimrecords/index.html">http://www.nh.gov/safety/divisions/nhsp/ssb/crimrecords/index.html</a>
<b>New Jersey</b>	609-882-2000 ext 2918	<a href="http://www.njsp.org/criminal-history-records/index.shtml">http://www.njsp.org/criminal-history-records/index.shtml</a>
<b>New Mexico</b>	505-827-9181	<a href="http://www.dps.state.nm.us/index.php/criminal-history-records/">http://www.dps.state.nm.us/index.php/criminal-history-records/</a>
<b>New York</b>	212-428-2943	<a href="http://www.criminaljustice.ny.gov/ojis/recordreview.htm">http://www.criminaljustice.ny.gov/ojis/recordreview.htm</a>
<b>North Carolina</b>	919-890-1000	<a href="http://www.nccourts.org/Citizens/GoToCourt/Default.asp?topic=1">http://www.nccourts.org/Citizens/GoToCourt/Default.asp?topic=1</a>
<b>North Dakota</b>	701-328-5500	<a href="https://www.ag.nd.gov/BCI/CHR/">https://www.ag.nd.gov/BCI/CHR/</a>
<b>Ohio</b>	877-224-0043	<a href="http://www.ohioattorneygeneral.gov/Business/Services-for-Business/WebCheck">http://www.ohioattorneygeneral.gov/Business/Services-for-Business/WebCheck</a>
<b>Oklahoma</b>	405-848-6724	<a href="https://www.ok.gov/osbi/Criminal_History/">https://www.ok.gov/osbi/Criminal_History/</a>
<b>Oregon</b>	503-378-5470 or 888-272-5545	<a href="http://www.oregon.gov/dhs/business-services/chc/Pages/index.aspx">http://www.oregon.gov/dhs/business-services/chc/Pages/index.aspx</a>
<b>Pennsylvania</b>	888-783-7972	<a href="https://epatch.state.pa.us/Home.jsp">https://epatch.state.pa.us/Home.jsp</a>
<b>Rhode Island</b>	401-274-4400	<a href="http://www.riag.state.ri.us/BCI/index.php">http://www.riag.state.ri.us/BCI/index.php</a>
<b>South Carolina</b>	803-737-9000	<a href="http://www.sled.state.sc.us/CISystem/Images/Catch/CriminalRecordsCheckForm.pdf">http://www.sled.state.sc.us/CISystem/Images/Catch/CriminalRecordsCheckForm.pdf</a>
<b>South Dakota</b>	605-773-3331	<a href="http://dci.sd.gov/Operations/Identification/BackgroundCheckRequirements/StateOnlyBackgroundCheck.aspx">http://dci.sd.gov/Operations/Identification/BackgroundCheckRequirements/StateOnlyBackgroundCheck.aspx</a>
<b>Tennessee</b>	615-744-4000	<a href="https://www.tn.gov/tbi/article/background-checks">https://www.tn.gov/tbi/article/background-checks</a>
<b>Texas</b>	855-481-7070	<a href="https://records.txdps.state.tx.us/DpsWebsite/CriminalHistory/">https://records.txdps.state.tx.us/DpsWebsite/CriminalHistory/</a>
<b>Utah</b>	801-965-4445	<a href="http://bci.utah.gov/criminal-records/">http://bci.utah.gov/criminal-records/</a>
<b>Vermont</b>	802-241-5157	<a href="http://vcic.vermont.gov/ch-information/record-checks">http://vcic.vermont.gov/ch-information/record-checks</a>
<b>Virginia</b>	804-674-2131	<a href="http://www.vsp.state.va.us/CJIS_Criminal_Record_Check.shtm">http://www.vsp.state.va.us/CJIS_Criminal_Record_Check.shtm</a>
<b>Washington</b>	360-534-2000 option 2	<a href="http://www.wsp.wa.gov/crime/chrequests.htm">http://www.wsp.wa.gov/crime/chrequests.htm</a>
<b>West Virginia</b>	304-746-2235 or 304-746-2498	<a href="http://www.wvsp.gov/Pages/default.aspx">http://www.wvsp.gov/Pages/default.aspx</a>
<b>Wisconsin</b>	608-266-7314	<a href="https://www.doj.state.wi.us/dles/cib/background-check-criminal-history-information">https://www.doj.state.wi.us/dles/cib/background-check-criminal-history-information</a>
<b>Wyoming</b>	307-777-7181	<a href="http://wyomingdci.wyo.gov/dci-criminal-justice-information-systems-section/criminal-records-section">http://wyomingdci.wyo.gov/dci-criminal-justice-information-systems-section/criminal-records-section</a>