DEPARTMENT OF THE TREASURY
ALCOHOL AND TOBACCO TAX AND TRADE BUREAU

PERMITS ONLINE

Customer User Guide and Tips

This manual describes how to use Permits Online. It is not intended to describe the statutory or regulatory requirements that TTB administers, and terminology used in Permits Online may differ slightly from terminology appearing in the statutes and regulations. Please see TTB Statutes or TTB Regulations for more information.

TTB P 5020.06 (05/2015)

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PERMITS ONLINE

Customer User Guide and Tips

What is PERMITS ONLINE?

PERMITS ONLINE is a secure, web-based system that will facilitate and streamline the online submission, routing, and internal processing of Original and Amended applications to the Alcohol and Tobacco Tax and Trade Bureau (TTB). Users of PERMITS ONLINE receive automated email notification of application status changes from start to finish. Applicants will find step-by-step guidance within each application section and specific field-by-field help.

Self-Registration

PERMITS ONLINE has a self-registration feature which allows users to register online. Just click on the "Register For An Account" link in the top-right corner of the PERMITS ONLINE Home Page. Registered users may create new applications and track the progress of submitted applications. You will create a User Name and Password that you must use to log into the system.

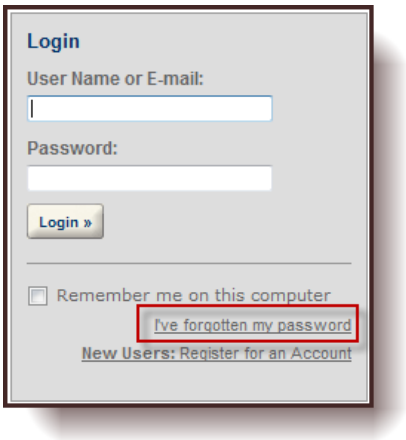
Your password must meet the following requirements:

- Minimum of 8 characters
- Must contain each of the following:
  - At least 1 upper-case letter (A, B, C, . . .)
  - At least 1 number (1, 2, 3, . . .)
  - At least 1 special character except for **'**, **"**, **_**, **=**, **&**, **@**
- Must **not** contain the following:
  - Your user ID
  - The following characters: **'**, **"**, **_**, **=**, **&**, **@**
- Cannot start with a number or special character
- Cannot be any of your previous 10 password(s)
- Cannot be a password that you have used in the last 48 hours

Important! Be sure to provide a valid email address when completing the Contact information. You will receive an email at that address which contains the information necessary to activate your account. If you are unable to access the initial registration email, you will not be able to complete your registration.

Forgotten User Name and/or Password

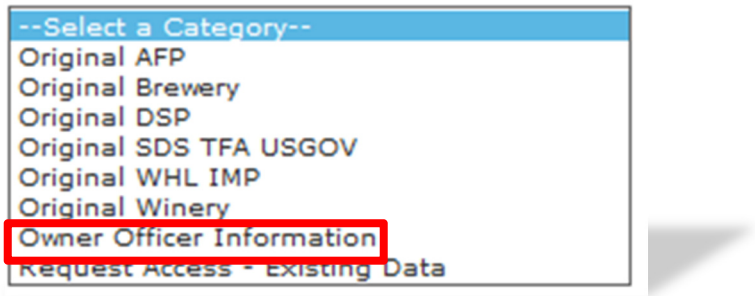
If you forget your User Name, log in using the email address that you used to set up your account. You will see your User Name on the next screen.



If you forget your password, select the link, "I've forgotten my password" and correctly answer the security questions. PERMITS ONLINE will send you an email with a reset password. Log in using the emailed password, and immediately change your password.

GETTING STARTED

PERMITS ONLINE is designed so that the permit application is divided into two parts. In the first part, the user provides information about themselves as the applicant and, in the second part, the user provides information related to the business in which the applicant intends to engage. The information about the applicant is referred to as the "Owner Officer Information". The information about the business is referred to as the "Commodity Application". Both of these parts make up the application for a permit or, in the case of beer or malt beverages, a notice. However, the information about the user/applicant is requested to be input first so that the set of information about the applicant can be used for multiple commodity applications.



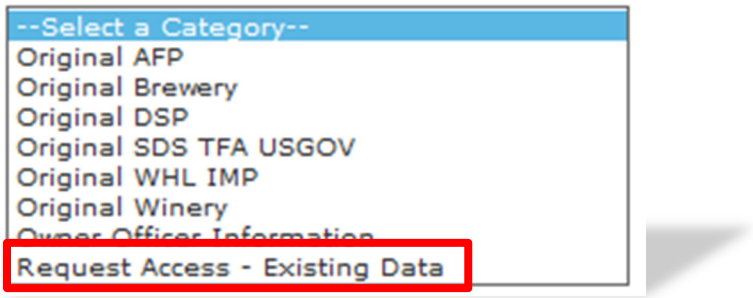
- **Owner Officer Information -** *Every person* that will be listed as a stockholder holding 10% or more, Sole Proprietor, Partner, Officer, Director, Trustee, Member and/or Managing Member of an LLC; a limited or general partner in a partnership; or a sole proprietor must complete this application.

TIPS: You should complete and submit your Owner Officer Information (OOI) application(s) prior to creating and submitting your commodity application.

After submitting the OOI, you will receive an OOI Tracking Number which you will need to insert into the "Officer Ownership Information" table in your commodity application.

You do NOT have to wait for the OOI application to be approved prior to submitting your commodity application.

Click here for detailed instructions for submitting OOI applications to TTB.



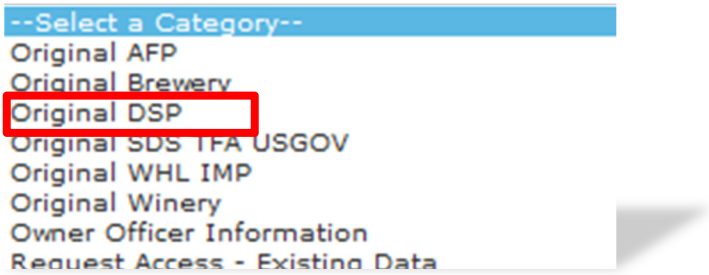
- **Request Access - Existing Data -** Select this option if you would like to request electronic access to application data that exists with TTB. You must have existing authorization (via signing authority or TTB F 5000.8, Power of Attorney) on file with TTB to be granted access. **If you do not have *existing* authorization DO NOT use this application.** See "Adding Application Contacts."

Alcohol Commodity Applications - Original Applications

- **Original AFP -** Select this option if you wish to apply as an *Alcohol Fuel Plant (AFP) (Small, Medium or Large)* An AFP is established with the sole purpose of producing, processing and storing, and using or distributing distilled spirits to be used exclusively for fuel use. [27 CFR Part 19, Subpart X]
  - **Small AFP** - A small alcohol fuel plant (small plant) is a plant that produces and/or receives not more than 10,000 proof gallons of spirits in one calendar year. [27 CFR 19.662, 19.673 and 19.674]

- **Medium AFP** - A medium alcohol fuel plant (medium plant) is a plant which produces and/or receives more than 10,000 but not more than 500,000 proof gallons of spirits per calendar year. [27 CFR 19.662, 19.675]
- **Large AFP -** A large alcohol fuel plant (large plant) produces and/or receives more than 500,000 proof gallons of spirits per calendar year. [27 CFR 19.662, 19.676 and 19.677
- **Science Fair or School Experimental AFP Applications** – These application types are not available through Permits Online.

- **Original Brewery -** Select this option if you wish to apply as a new:
  - **Brewery or Brewpub-** If you are interested in producing beer or malt beverages for sale, operating a brewpub on brewery premises, or wish to alternate a brewery premises with another brewery, you fall into this category. **At this time we are not accepting Sake applications or applications to engage in pilot operations via Permits Online.** [27 CFR Part 25, Subpart G]
  - **Sake –** This application is not available through Permits Online.
  - **Pilot Brewery** - This application is not available through Permits Online.
  - **Experimental Brewery** - This application is not available through Permits Online.



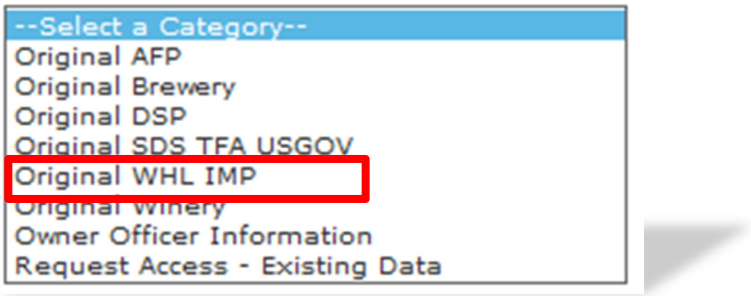
- **Original DSP -** Select this option if you wish to operate as a:
  - **Distilled Spirits Plant - Beverage -** A distilled spirits plant - Beverage may be established to produce, bottle, rectify, process or store beverage spirits. Examples of beverage distilled spirits include neutral spirits or alcohol (i.e. vodka or grain

spirits), whiskey, gin, brandy, blended applejack, rum, Tequila, cordials and liqueurs. [27 CFR Part 19, Subpart D]

- **Distilled Spirits Plant - Industrial** - A distilled spirits plant may be established to manufacture articles, or produce, bottle or package, denature or warehouse spirits for industrial use. These spirits are not intended for beverage use. Vinegar Plants in which vinegar is produced by the "vaporizing process" also fall into this category for purposes of PERMITS ONLINE. [27 CFR Part 19, Subpart W].
- **Distilled Spirits Plant (Beverage and Industrial)** - A distilled spirits plant may conduct beverage and industrial operations from the same premises. If you wish to produce both beverage and industrial distilled spirits, you must file an application to conduct both types of operations.
- **Experimental Distilled Spirits Plants** - This application is not available through Permits Online.
- **Volatile Fruit-Flavored Concentrate Plants -** This application is not available through Permits Online.

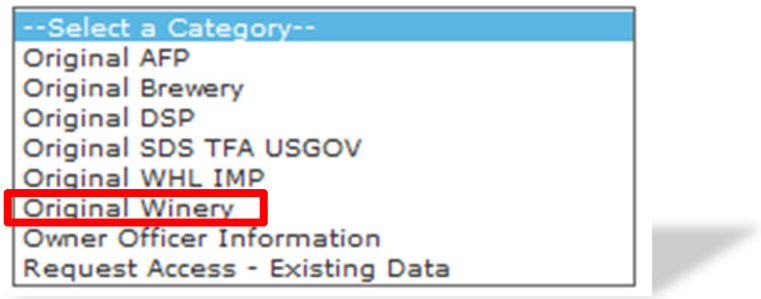
- **Original SDS TF USGOV** – Select this option if you wish to establish a:
  - **Application for New Specially Denatured Spirits - DEALER –** A SDS Dealer may purchase/package and store specially denatured spirits for resale to users of specially denatured spirits or to other dealers. [27 CFR 20.41(a)]
  - **Application for New Specially Denatured Spirits - USER –** A SDS User may purchase and/or recover specially denatured spirits to <u>use</u> in a process or in the manufacture of a substance, preparation, or product. Also select this option if you plan to recover denatured spirits from articles. [27 CFR 20.41(b)]
  - **Application for Spirits for the Use of the US Government (for Specially Denatured and/or Tax Free) –** A United States Government Agency who plans to purchase specially denatured spirits to <u>use</u> in a process or in the manufacture of a substance, preparation or product and/or plan to use ethyl alcohol or ethanol at 190 proof or more for non-beverage purposes. [27 CFR Part 20, Subpart N]

- **Application for New Tax Free Alcohol User -** A TFA may use and/or recover ethyl alcohol or ethanol at 190 proof or more for non-beverage purposes in scientific research and medicinal uses by educational organizations, hospital, laboratories, etc. **Note:** One **cannot** apply for tax-free alcohol if manufacturing.



➢ **Original WHL IMP** - Application for Wholesaler and/or Importer **-** Select this option if you wish to operate as a:

- **Wholesaler** (distributor) of alcohol products (purchasing products for resale at the wholesale level), including activities as an exporter. [27 CFR 1.22]
- **Importer** of alcohol products. [27 CFR 1.20]



➢ **Original Winery -**Select this option if you wish to establish a:

- **Bonded Winery – Producing and Blending** - a facility in which wine will be produced, blended, cellar treated, stored, bottled, and/or packaged. [27 CFR 24.100, 24.105 and 24.107] (**Note**: If you wish to establish a facility to produce cider containing 7% or more alcohol, apply as a Bonded Winery. If you wish to establish a facility to produce cider containing cider containing UNDER 7% alcohol, apply as a "Cider Producer," described below.)
- **Bonded Wine Cellar** - a facility in which wine will be cellar treated, stored, bottle, and/or packaged, but not produced.

- **Bonded Wine Cellar and Wine Blender** – A facility in which wine will be cellar treated, blended, stored, bottled and/or packaged. Production of wine by fermentation is prohibited.[27 CFR 24.100, 24.105, and 24.107]
- **Taxpaid Wine Bottling House** - a facility in which wine on which the Federal excise tax has been paid is bottled or packaged. [27 CFR 24.100, 24.102, and 24.105]
- **Cider Producer – Under 7% Alcohol Only** – a Bonded Winery producing cider containing UNDER 7% alcohol. If you may produce a cider product containing 7% or more alcohol, apply as a Bonded Winery rather than as a Cider Producer.
- **Experimental Winery** - This application is not available through Permits Online.
- **Volatile Fruit-Flavored Concentrate Plants -** This application is not available through Permits Online.
- **Vinegar Plants (on Winery Premises) -** This application is not available through Permits Online.

Tobacco Commodity Applications - Original Applications

Select Original Tobacco from the drop down.

- **Application for New Manufacturer of Processed Tobacco –** Select this option if you want to become a ***Manufacturer of Processed Tobacco***:
  - A *Manufacturer of Processed Tobacco* is any person who processes tobacco other than tobacco products. [27 CFR 40.11]
  - *Processed Tobacco* is any tobacco that has undergone processing, but does not include tobacco products. For purposes of this definition, the processing of tobacco does not include the farming or growing of tobacco or the handling of tobacco solely for sale, shipment, or delivery to a manufacturer of tobacco products or processed tobacco, nor does the processing of tobacco include curing, baling, or packaging activities. [27 CFR 40.11]

- The processing of tobacco includes, but is not limited to, stemming (that is, removing the stem from the tobacco leaf), fermenting, threshing, cutting, or flavoring the tobacco, or otherwise combining the tobacco with non-tobacco ingredients. [27 CFR 40.11]

➢ **Application for New Manufacturer of Tobacco Products –** Select this option if you want to become a Manufacturer of Tobacco Products:

- A *Manufacturer of Tobacco Products* is any person who manufacturers cigars, cigarettes, smokeless tobacco, pipe tobacco, or roll-you-own tobacco, *other than*: a person who produces tobacco products solely for the person's own personal consumption or use, or a proprietor of a customs bonded manufacturing warehouse with respect to the operation of such warehouse. [26 U.S.C. 5702(d)]
- A *Manufacturer of Tobacco Products* is also any person who for commercial purposes makes available for consumer use a machine capable of making cigarettes, cigars, or other tobacco products. [26 U.S.C. 5702(d)]
- Tobacco products include cigars, cigarettes, smokeless tobacco (snuff or chewing tobacco), pipe tobacco, and roll-your-own tobacco. [26 U.S.C. 5702(c), (m)]

➢ **Application for New Tobacco Export Warehouse –** Select this option if you want to become a ***proprietor of an Export Warehouse:***

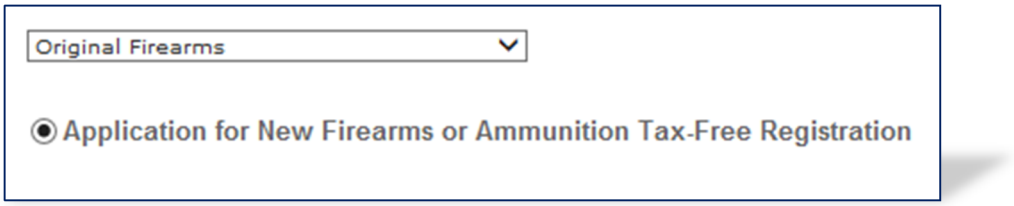
- An *Export Warehouse* is a bonded internal revenue warehouse for the storage of tobacco products or cigarette papers or tubes or any processed tobacco, upon which the internal revenue tax has not been paid, for subsequent shipment to a foreign country, Puerto Rico, the Virgin Islands, or a possession of the United States, or for consumption beyond the jurisdiction of the internal revenue laws of the United States. [26 U.S.C. 5702(h)]

➢ **Application for New Tobacco Importer –** Select this option if you want to become an ***Importer of tobacco products*** or an ***Importer of processed tobacco***:

- An *Importer* is any person in the United States to whom non-taxpaid tobacco products or any processed tobacco manufactured in a foreign country, Puerto Rico, the Virgin Islands, or a possession of the United States are shipped or consigned. [26 U.S.C. 5702(k)]
- Also select this option if you currently hold a permit to import processed tobacco only and want to begin importing tobacco products.

Firearms and Ammunition Applications - Original Applications

Select Original Firearms from the drop down.



- **Application for New Firearms or Ammunition Tax-Free Registration -** Select this option if you want to obtain a registration to sell or purchase firearms or ammunition tax-free:
  - What the registration allows:
    - Manufacturers and importers may sell firearms or ammunition tax free for specific purposes or uses by the purchaser: [27 CFR 53.131]

      (1) For use by the purchaser for further manufacture, or for resale by the purchaser to a second purchaser for use by such second purchaser in further manufacture,

      (2) For export, or for resale by the purchaser to a second purchaser for export,

      (3) For use by the purchaser as supplies for vessels or aircraft,

      (4) To a State or local government for the exclusive use of the State or local government, and

      (5) To a nonprofit educational organization for its exclusive use.

Changes After Original Qualification - Alcohol

The following amendments are available for permit or notice holders who submitted an application or notice electronically via PERMITS ONLINE or for applicants who requested to have their paper permit or notice converted to PERMITS ONLINE.

Click here for a description of the following Amendments:

- **Amended - All Alcohol Commodity Commonly Filed** - Select this option to see general amendments used by all alcohol commodities:
    - Add/Remove Power of Attorney - Alcohol
    - Add/Remove Signing Authority - Alcohol
    - Add/Remove Variance or Alternate Method - Alcohol
    - Change in Business Name - Alcohol
    - Change in Control - Alcohol
    - Change in Mailing Address - Alcohol
    - Change of Officer, Director, or Non-Managing LLC Member, or Stock Holder more than 10% - Alcohol
    - Change in Premise Address due to USPS - Alcohol
    - Export Certificate – Alcohol
    - Termination of Business - Alcohol

- **Amended AFP** - Select this option to see specific amendments for Alcohol Fuel Plant permits/registrations:
    - AFP Bond - Superseding/Strengthening
    - AFP Receiving Spirits or Denatured Spirits by Transfer in Bond
    - Change in AFP Bonded Premises (extended, curtailed or modify)
    - Change in AFP Premises Location
    - Change in Type/Size

- **Amended Brewery** - Select this option to see specific amendments for Brewery notices and registrations:
    - Add / Remove / Change Alternation of Brewery Premises
    - Add / Remove Brewery Alternation of Proprietor
    - Add / Remove Brewery Trade Name
    - Add / Remove Non Contiguous Extension Brewery Premises
    - Bond, Superseding/Strengthening/Continuation

- Change in Brewery Bonded Premises (extended, curtailed, or modify)
- Change in Brewery Operations
- Change in Brewery Premises Location

➢ **Amended DSP** - Select this option to see specific amendments for Distilled Spirits Plant (DSP) permits/registrations:

- Add / Remove Alternation of DSP Premises
- Add / Remove DSP Alternation of Proprietor
- Add / Remove DSP Trade Name
- Add / Remove Non Contiguous Extension DSP Premises
- Bond - Superseding/Strengthening
- Change in DSP Equipment, Construction or Use of Building
- Change in DSP Operations or Production Procedures
- Change in DSP Premises Location
- Change in Security
- DSP Receiving Spirits or Denatured Spirits by Transfer in Bond

➢ **Amended SDS TF USGOV** - Select this option to see specific amendments for Specially Denatured Spirits - Users & Dealers, Tax Free or US GOV permits/registrations:

- Add or Remove Recovery Operations - SDS User / Tax Free
- Add or Remove Ship to Location - SDS User / SDS Dealer / Tax Free
- Add or Remove Use Location - SDS User / Tax Free
- Change in Premises Location - SDS User / SDS Dealer / Tax Free
- Change in Withdrawal Amount - SDS User / SDS Dealer / Tax Free

➢ **Amended WHL IMP** - Select this option to see specific amendments for Wholesaler or Importer permits/registrations:

- Add / Remove Wholesaler/Importer Trade Name
- Change in Wholesaler/Importer Operations
- Change in Wholesaler/Importer Premises Location

➢ **Amended Winery** - Select this option to see specific amendments for Winery permits/registrations:

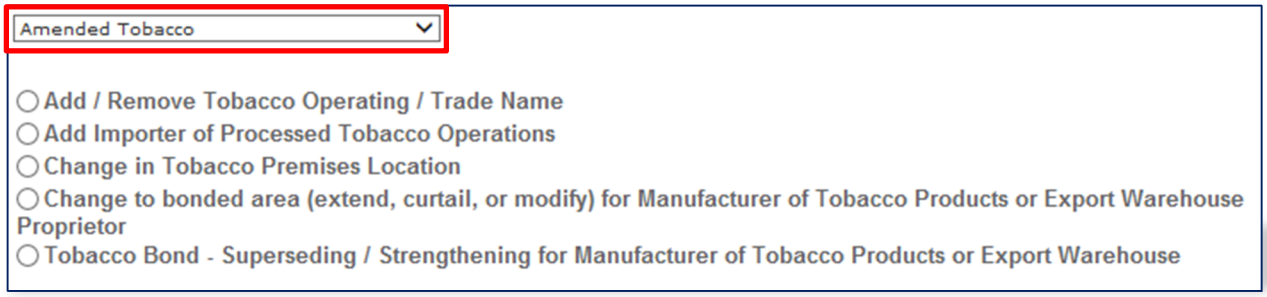
- Add / Remove / Change in Alternation of Winery Premises

- Add / Remove Non Contiguous Extension of Winery Premises
- Add / Remove Winery Alternation of Proprietor
- Add / Remove Winery Trade Name / DBA
- Change in Winery Bonded Premises (extended, curtailed or modify)
- Change in Winery Premises Location
- Winery Bond - Superseding/Strengthening

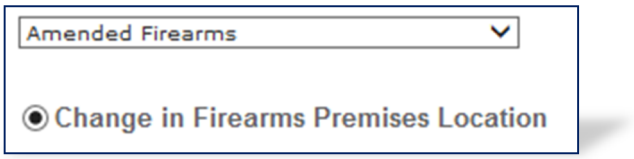
Changes After Original Qualification – Tobacco and Firearms

➢ **Amended - All Commonly Filed** - Select this option to see general amendments used by Tobacco and Firearms commodities:

- Add/Remove Power of Attorney - Tobacco and Firearms
- Add/Remove Signing Authority - Tobacco
- Add/Remove Variance or Alternate Method - Tobacco
- Change in Business Name - Tobacco and Firearms
- Change in Control - Tobacco and Firearms
- Change in Mailing Address - Tobacco and Firearms
- Change of Officer, Director, or Non-Managing LLC Member, or Stock Holder more than 10% - Tobacco and Firearms
- Change in Premise Address due to USPS - Tobacco and Firearms
- Termination of Business - Tobacco and Firearms



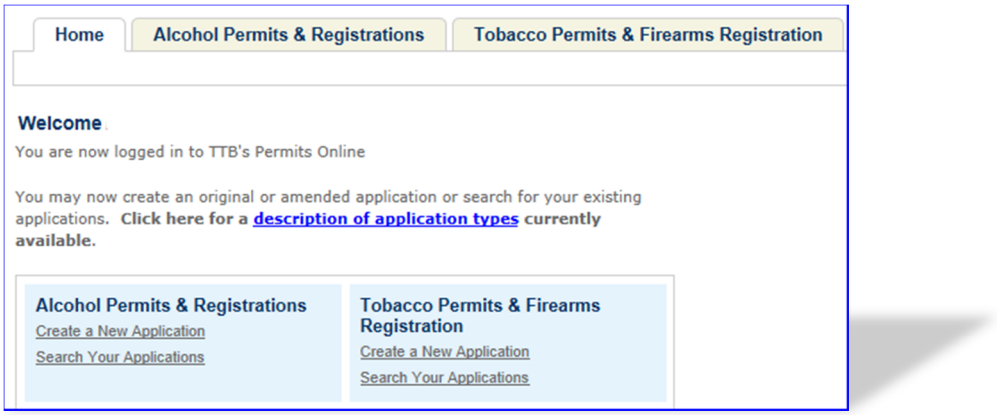
- **Amended Tobacco** - Select this option to see specific amendments for Tobacco permits:
    - Add / Remove Tobacco Operating / Trade Name
    - Add Importer of Processed Tobacco
    - Change in Tobacco Premise Location
    - Change to bonded area (extend, curtail, or modify) for Manufacture of Tobacco Products or Export Warehouse Proprietor
    - Tobacco Bond - Superseding / Strengthening for Manufacture of Tobacco Products or Export Warehouse Proprietor



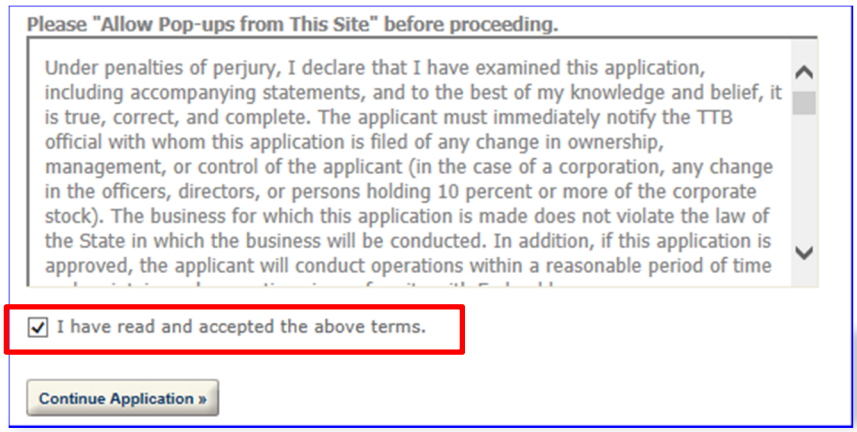
- **Amended Firearms** - Select this option to see specific amendments for Firearms registrations:
    - Change in Firearms Premise Location

Completing an Application for Owner and Officer Information (OOI)

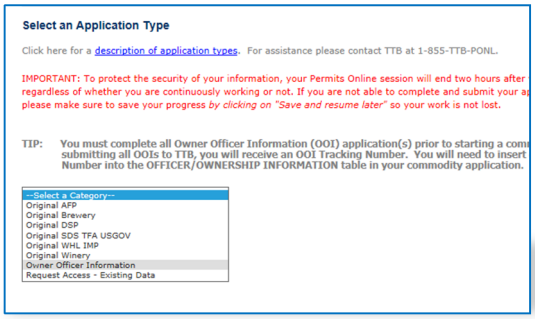
Log in and Select ”Create a New Application” from your home window

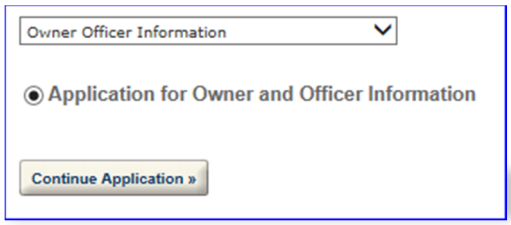


Select the checkbox indicating that you have read and accepted the terms of the penalties of perjury statement, and select the “Continue Application” button.



Select “Owner Officer Information” from the dropdown menu, and select the “Continue Application” button. Complete the entire application.





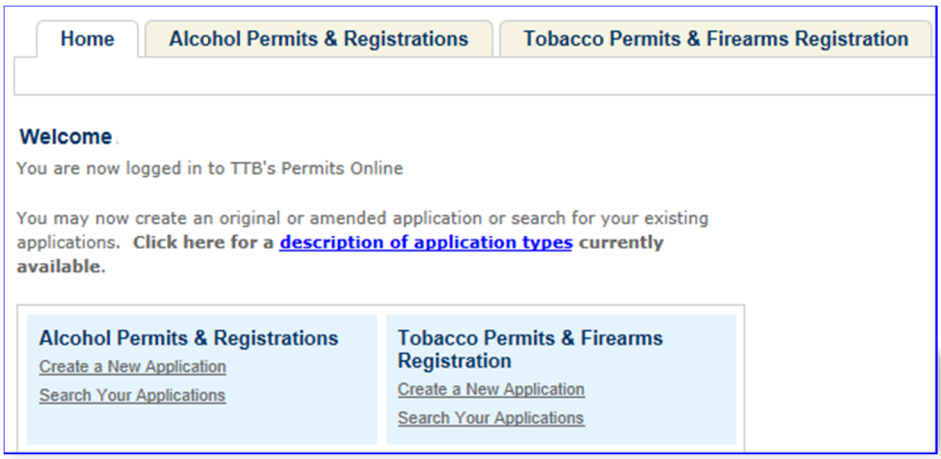
PERMITS ONLINE will generate a unique OOI Tracking Number for each Owner Officer Information (OOI) application submitted. You will need these OOI Tracking Numbers as you continue through the permit application process. For applicants who are familiar with TTB forms, the Owner Officer Information is a combination of certain questions on Form 5000.9, Personnel Questionnaire and questions found on other TTB forms.

Foreign Place of Birth

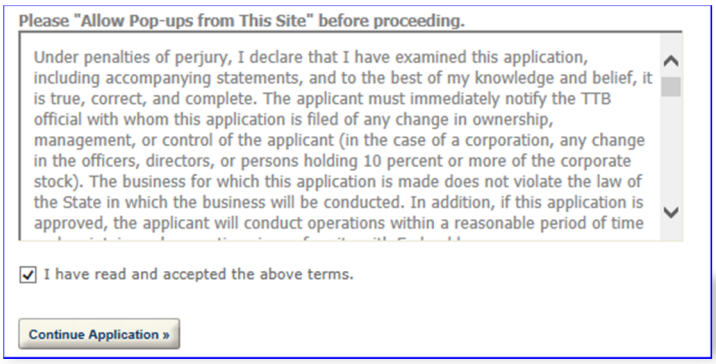
If you are completing an Application for OOI and were born in another country, please enter both the city and country of your birth in the “Place of Birth City” field and then choose “FR” (for “foreign”) in the “Place of Birth State” field.

Creating a Commodity Application

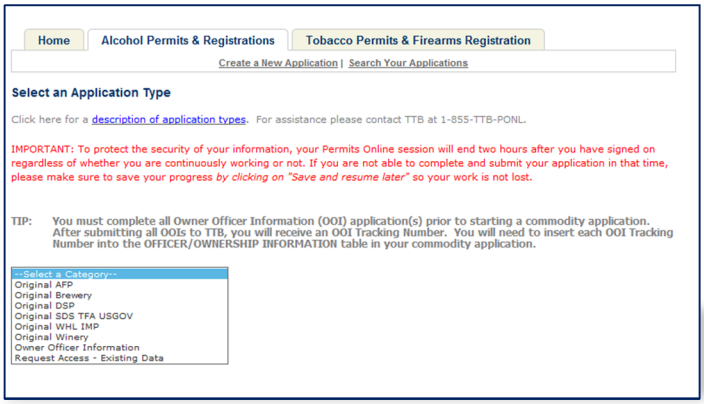
Log in and Select “Create a New Application” from your home window



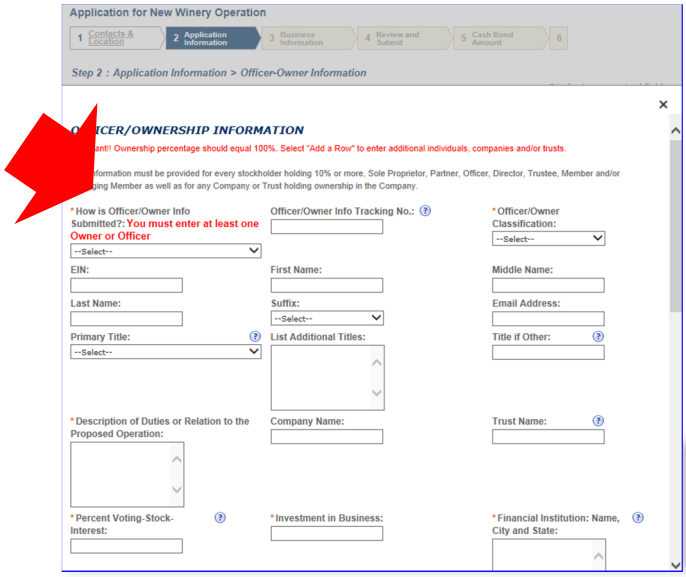
Select the checkbox indicating that you have read and accepted the terms of the penalties of perjury statement, and select the “Continue Application” button.



Select appropriate application type (such as: “Original Winery”, “Original DSP” etc.) from the dropdown menu, and select the “Continue Application” button.

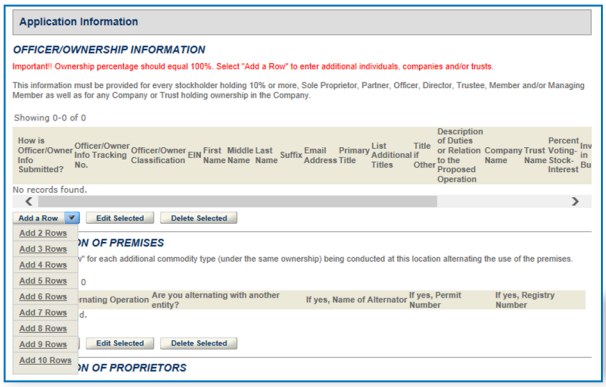


Continue through the application completing information and tables as needed. The "Officer/Ownership Information" and "Bond" table are discussed below. Officer/Ownership Information (OOI) Table



The OOI Table is completed in the Application Information step of your commodity application. Complete all required information. Be sure to select "Electronically via PERMITS ONLINE" from the "How is Officer/Owner Info Submitted" dropdown menu. Enter the OOI tracking number previously provided in the "Officer/Owner Info Tracking No." text box.

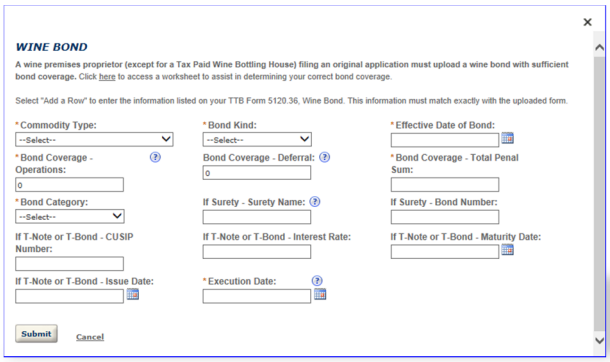
To add additional Officers/Owners, select "Add a Row." If you have more than one person to add, select the number of rows you need added. A row must be added for every stockholder, Sole Proprietor, Partner, Officer, Director, Trustee, Member and/or Managing Member as well as for any Company or Trust holding ownership in the Company. Failure to provide ownership information will delay your application. **Note:** If a row has been added for a Company or Trust, an OOI application is not required, therefore, select "Not applicable" from the dropdown sections for "How is Your Owner/Officer Info submitted".



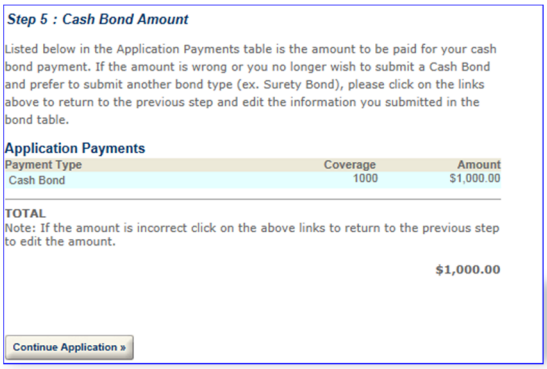
Be prepared to identify whether or not the 'person' is a Company, Individual or a Trust; provide their full name (no abbreviation); their primary title and additional titles with the applicant business; duties they will perform for the applicant business; percentage of voting stock or interest; the amount invested in the applicant business, if any; the source of those funds (name, city and state of their financial institution); and the method used to submit the source of funds documentation.

Bond Table

If your bond coverage is provided by a surety company, you will need to have your executed bond in hand to complete this table. If your bond will be a collateral/cash bond, you will be asked to provide your checking/savings account information, as all cash bonds must now be paid electronically.



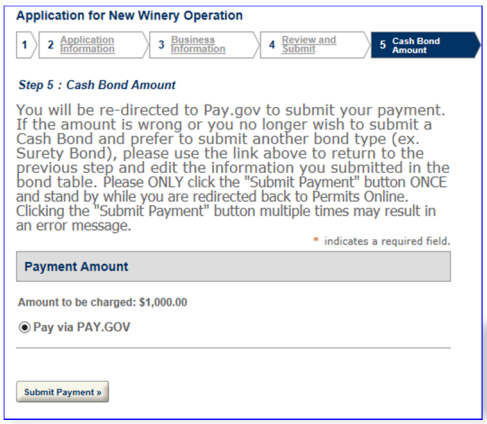
Complete the applicable fields.



If you are providing a cash bond, this cash bond window will appear after you have reviewed your application.

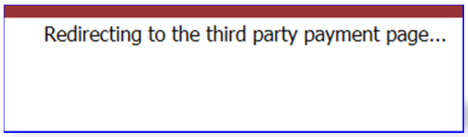
If the information is correct, select "Continue Application."

You will receive the following:

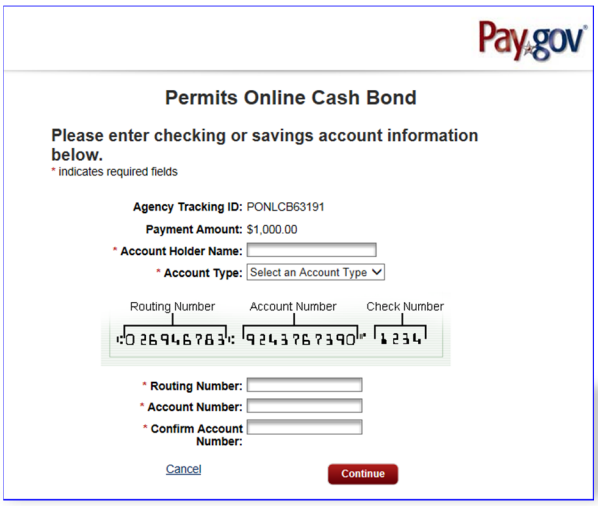


Select “Submit Payment,” only once.

You will be redirected to Pay.gov to submit your payment information. The following message may appear while you are being redirected.

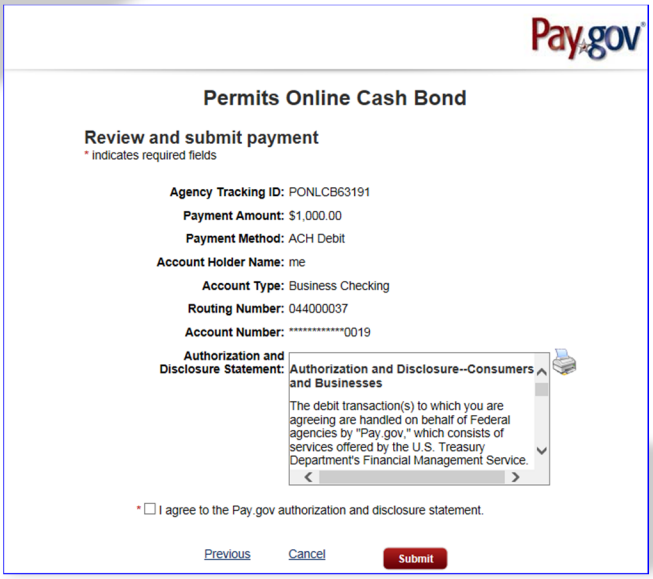


Enter your banking information. **You must provide the information for your cash bond in order to complete the submission of your PERMITS ONLINE application**.



Click “Continue.”

Read the “Authorization and Disclosure” statement and then check the box to agree to the statement. Select “Submit.” You will receive notification your application has been submitted.



Required Attachments

For each Original Application, the documents that are required to be submitted as part of your application depend on of the type of the application (Winery, Wholesaler/Importer, etc) and the type of business entity (Corporation, LLC, Sole Proprietorship, Partnership).

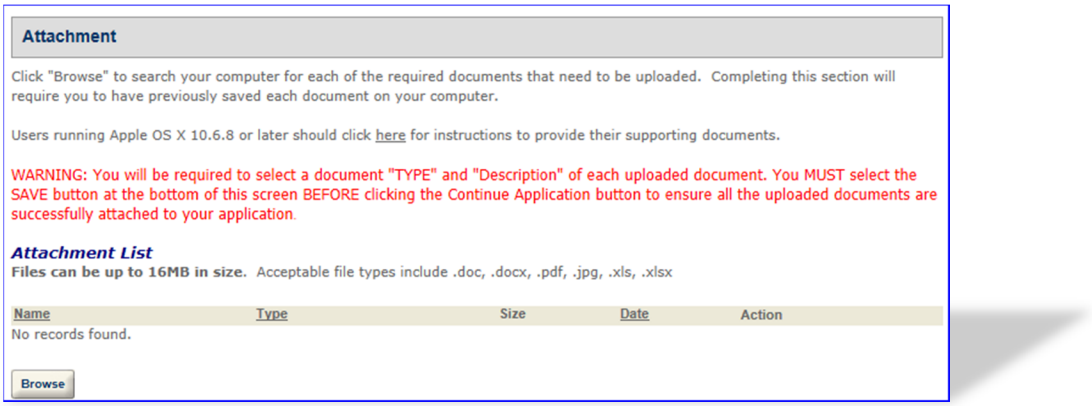
The documents also depend on your proposed operations. Based on answers you provide within your application, the system will auto-populate a line item in the "Statements and Documents" section for each of the "Required Attachments" for your application type. You will need to select the method of submission from a dropdown list for each of these documents ("Uploaded" **OR** "On File and Previously Approved by TTB"). **This selection does not upload the documents.**

TTB may consider an application incomplete and abandoned if these required attachments are not received within 15 days of submitting your application. To prevent this action, ensure all "Required Attachments" listed in the "Statements and Documents" section of your application are uploaded in a timely manner. Click here for a detailed description of each Document Type.

Uploading Documents Within Your Permits Online Application

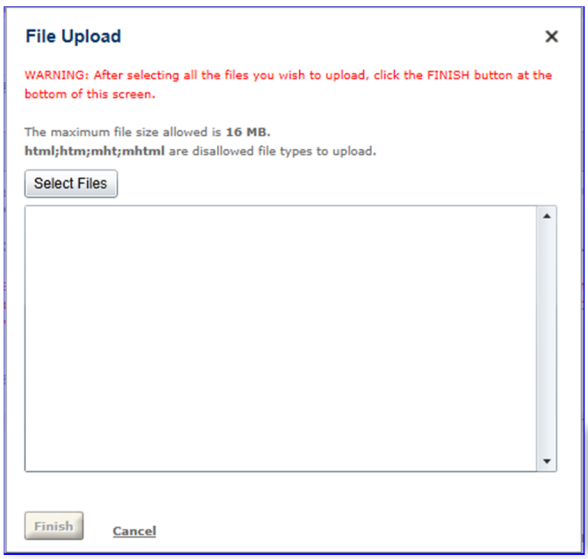
You may upload documents during and after submission. You must have the plug-in for Microsoft Silverlight to upload documents. The plug-in is free.

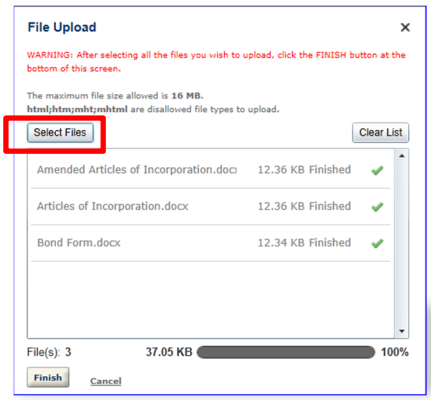
To upload a document, from within PERMITS ONLINE from Attachment.

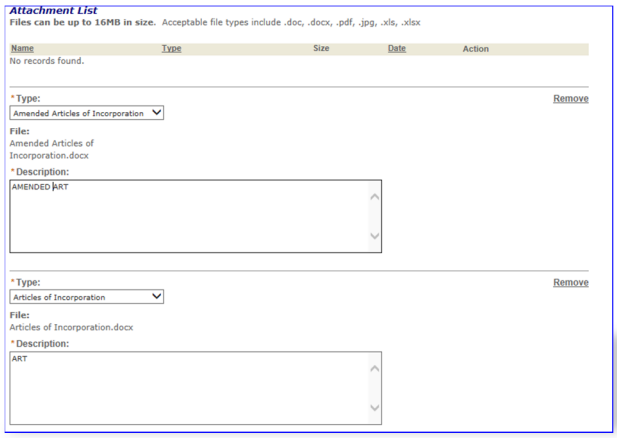


Click "Browse."

Click “Select Files” and navigate to the files you wish to upload. You may select multiple files. Click “Open.” The selected files will appear in the “File Upload” window. You may add additional files or clear the list. Select “Finish.”

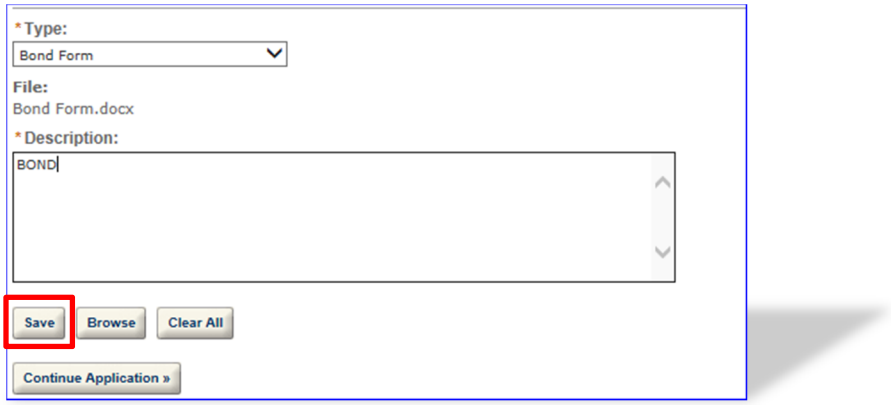




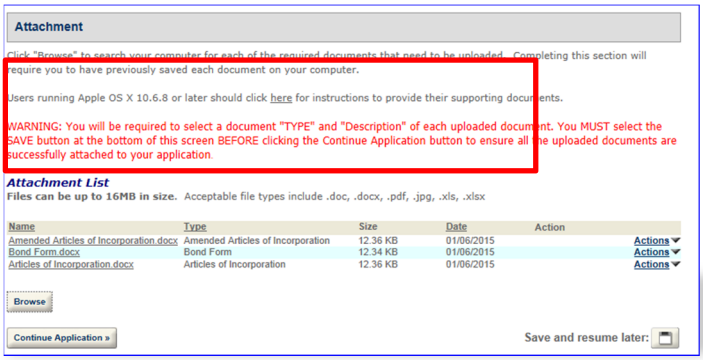


You must select the file “Type” and provide a description for each uploaded file.

You must select "Save" before selecting "Continue Application." If you fail to select "Save," your documents will not upload.



If the upload is successful, the uploaded files will appear in the "Attachment List."

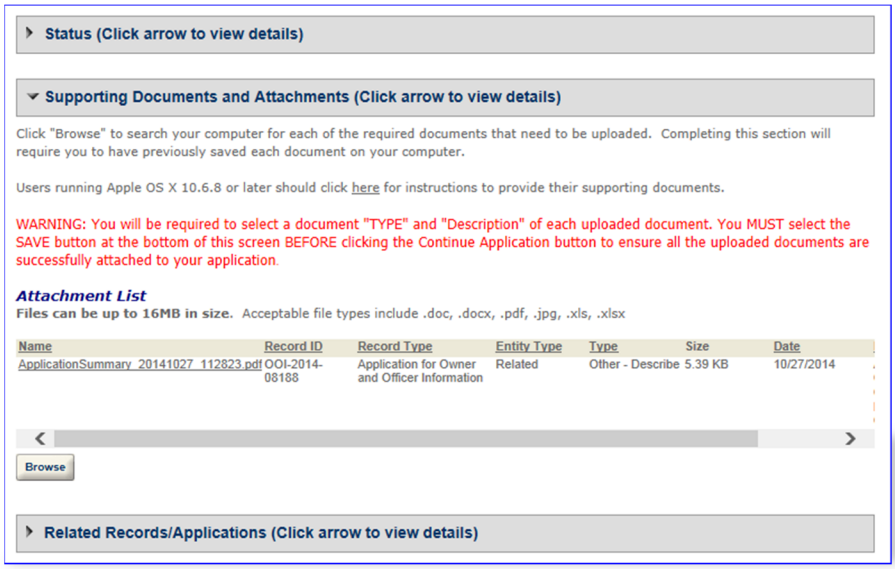


Should you need to upload additional documents, select "Browse" and repeat the steps above. If you have completed uploading all required documents, select "Continue Application."

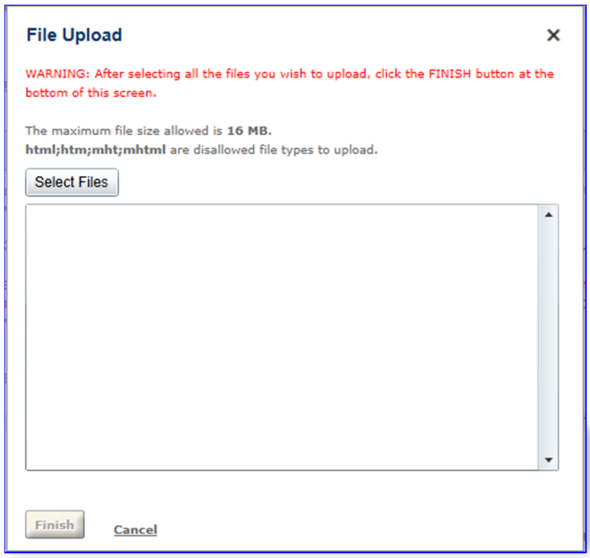
Uploading Documents After Submission of the Application

Sign in to your PERMITS ONLINE account. Select "Search Your Applications." Select the appropriate application. Click the arrow before "Supporting Documents and Attachments."

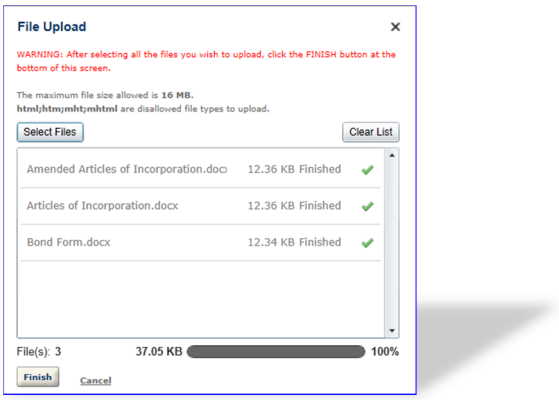
Click "Browse."



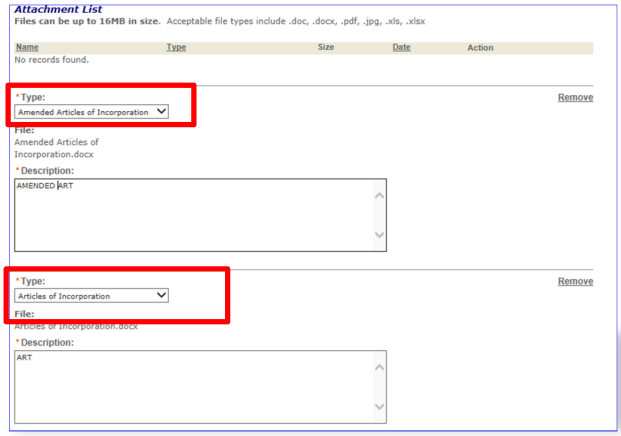
Click "Select Files" and navigate to the files you wish to upload. You may select multiple files. Click "Open." The selected files will appear in the "File Upload" window.



You may add additional files or clear the list.
Select “Finish.”

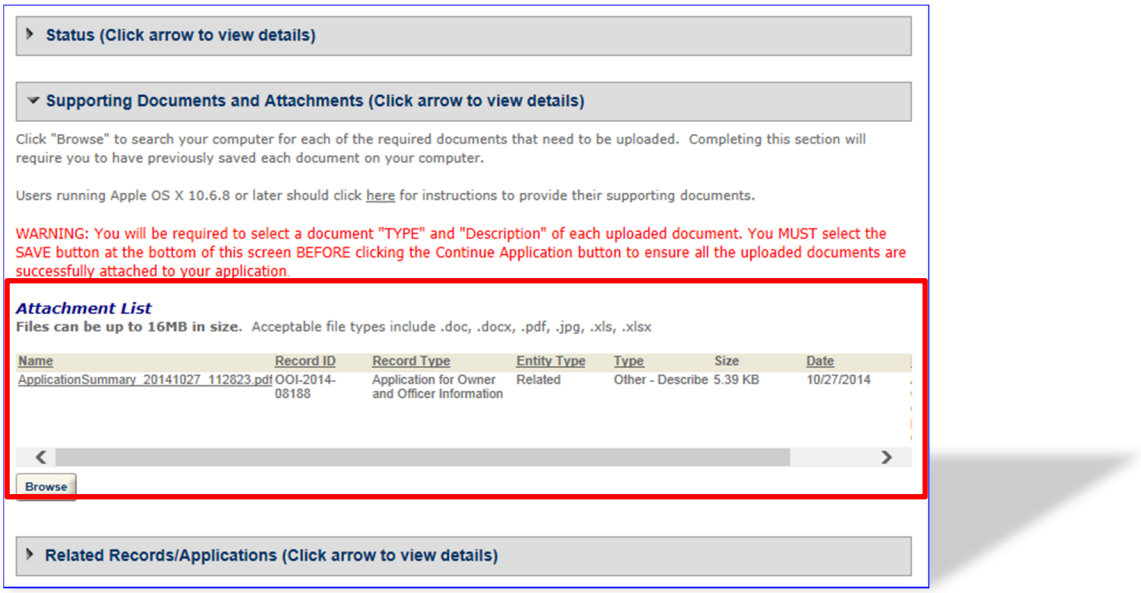


You must select the file “Type” and provide a description for each uploaded file.



You must select “Save” before selecting “Continue Application.” If you fail to select “Save,” your documents will not upload.

If the upload is successful, the uploaded files will appear in the “Attachment List.”



Should you need to upload additional documents, select “Browse” and repeat the steps above. If you have completed uploading all required documents, select “Continue Application.”

An “Application Summary” document will generate and attach for each application submitted. If you submit an application for a commodity and an OOI application, you will see two Application Summary documents. [**Note:** Although appearing as two “applications” these are two parts of the application for a permit or notice.]

General Help

At the top of every page in the application information section, there is general guidance that explains the reason for the requested information and provide guidance on completing the associated fields.

Help Buttons

Throughout each application, there are numerous Help buttons represented by a question mark inside a circle. **Select these buttons for field-specific instructions and guidance.** This help can assist you in avoiding routine mistakes. Submitting an accurate and complete application helps us process your application in the most efficient and timely manner.

Navigation

Should you need to correct something on a previous page, you may use the back button or click on the tab needing to be corrected. Select "Leave this Page" from the pop-up window. You will also have the opportunity to make corrections from the review screen prior to submission.

System Timeout

There is a two (2) hour timeout whether active or inactive. PERMITS ONLINE does not automatically save your work, so you will lose any information you have not saved should the system timeout. We suggest you use the system's "Save and Resume Later" feature often. If there are required fields on the page you are trying to save, you may enter a single character in the required field(s) to allow you to save. When you resume the application please be sure you complete the fields in which you placed a single character.

Application Contacts and Addresses

Within various PERMITS ONLINE applications, there are five different types of Application Contacts, which identify addresses and primary contact persons associated with each application.

- **Officer-Owner –** This contact refers to an owner or officer of an applicant company. This contact information is provided in the "Application for Owner Officer Information. "

- **Application Contact -** This contact is the primary person with whom TTB will discuss application information and who will receive email notifications from TTB about the submitted application. This may be a consultant or an owner, officer, or other employee representing the applicant company. We recommend at least one Owner or Officer be added as an Application Contact. See "Adding Additional Application Contacts."

- **Business Headquarters -** This contact includes information about the primary person within the applicant company with whom TTB will, if necessary, conduct a phone interview about the proposed operations. This person must have signing authority on behalf of the applicant business, and cannot be a consultant.

  In this section, you will also provide the applicant's official company name and Employer Identification Number. If the applicant is an organization, enter its name exactly as it appears on the organizational documents registered with the State, including punctuation

and any abbreviations. If a sole proprietorship, enter the name as you would like it to appear on your approved documents. If a partnership (with organizational documents), enter all partners' names as you would like them to appear on your approved documents.

- **Mailing Address –** This contact includes information about the address where you would like to receive mail from TTB.

- **Premises Address –** This contact includes information about the address where the proposed operations will take place.

In many cases, these contacts and addresses will be the same, and the option for auto-fill is available in some instances. The auto-fill option uses the information from your PERMITS ONLINE user registration.

Adding Additional Application Contacts

Additional Application Contacts may be added **AFTER** an application has been submitted. Application Contacts must have signing authority listed in the approved application. If the individual you wish to add has signing authority, follow the steps below to link them to the approved application. If the individual does not have signing authority, you must file an amendment to add the individual as Power of Attorney. After TTB approval, the individual will need to Register with PERMITS ONLINE and create a new application entitled *Request Access – Existing Data*. Please follow the steps below to complete this application.

- Log into PERMITS ONLINE Click on the "Create A New Application" link
- Select "Request Access – Existing Data"
- Enter the information for the new Application Contact
- Identify the Application Tracking Number, Permit / Registry Number, or EIN of the application(s)/record(s) to which you wish to be linked.
- Check the box for the Penalties of Perjury statement
- Review and Submit

Required Fields and Non-Applicable Fields

Within each application, there are required fields which you must complete. These required fields are marked with a red asterisk *****. Certain fields can become "required" based on your answers to previous questions. Likewise, certain questions will become unavailable, or "grayed out" based on your answers to previous questions.

Be sure to read the general help for each application information section, as some sections may not be required based on your proposed operations. This is especially true of the "Application Tables" page of the Application for OOI.

Tracking Numbers

PERMITS ONLINE generates several types of tracking numbers.

If you begin an application and save it prior to submission, you will receive a Temporary Tracking Number. You may reopen the application, and complete and submit it at a later time. An example of a Temporary Tracking Number is **2010-TMP-003245**. **If you have been assigned a TMP number, your application has not been submitted.**

Once an application has been submitted, you will receive an email providing you with an Initial Tracking Number. If you previously received a Temporary Tracking Number by saving an incomplete application, that number is no longer valid once the application is submitted. An example of an Initial Tracking Number is **IW-2010-00165**.

The **IW** in the Initial Tracking Number stands for Importer/Wholesaler. In this example, a customer completed a New Importer/Wholesaler (IW) application, and could have applied for approval to become an importer, a wholesaler, or both.

For original applications, you may receive a second email providing you with one or more new Application Tracking Numbers after TTB initially reviews the application and accepts it as complete enough for further processing. If you received a second email containing an Application Tracking Number, it replaces the Initial Tracking Number and the Initial Tracking Number is no longer needed.

For an Application for OOI, as well as for most Amendments, the Initial Tracking Number you receive is also your Application Tracking Number.

You may check the status of your application 7 days a week, 24 hours a day using these tracking numbers.

Samples of Tracking Numbers

OOI-2011-00000

Owner or Officer Information Application Tracking Number

(Is associated with the related commodity application)

2010-TMP-003245

Temporary Application Tracking Number

(Is replaced by the commodity application after it is submitted)

IW-2011-00000

Importer/Wholesaler Application Tracking Number (assigned at submission)

2011-IMP-00000-O

Importer Application Tracking Number (assigned upon approval)

2011-WHL-00000-O

Wholesaler Application Tracking Number(assigned upon approval)

TF-2011-00000

Tax-free Alcohol User Application Tracking Number (assigned at submission)

2011-TFA-00000-O

Tax-free Alcohol User Original Application Tracking Number (assigned when assigned to specialist for processing)

SU-2010-00165

Specially Denatured Spirits User Application Tracking Number (assigned at submission)

2010-SDSU-00248-O

Specially Denatured Spirits User Original Application Tracking Number(assigned when assigned to specialist for processing)

SD-2010-00165

Specially Denatured Spirits Dealer Application Tracking Number (assigned at submission)

2010-SDSD-00248-O

Specially Denatured Spirits Dealer Original Application Tracking Number(assigned when assigned to specialist for processing)

US-2010-00165

United States Government Application Tracking Number (assigned at submission)

2010-USTFA-00248-O

United States Government Tax-free Alcohol User Original Application Tracking Number(assigned when assigned to specialist for processing)

2010-USSDS-00248-O

United States Government Specially Denatured Spirits User Original Application Tracking Number(assigned when assigned to specialist for processing)

Save and Resume Later

While completing an application in PERMITS ONLINE, you may choose to click "Save and Resume Later" in the bottom right-hand corner of the page, if you run out of time or find that you don't have all of the information necessary to complete the application at that time.

The "Save and Resume Later" option works only if you have completed all of the required fields (and related information sections and tables) up to the point where you leave the application. Do not use "Save and Resume Later" on amended applications as it will not save your information. Once you click "Save and Resume Later", you will be taken to the "Search For Applications" screen. The application (with a Temporary Tracking Number) at the top of the page will be the application you just saved for later completion. Write down the Temporary Tracking Number of that application.

To resume the application later, you must select "Search Your Applications" from the PERMITS ONLINE Home page. Next, select "Resume Application" at the end of the row for the correct Temporary Tracking Number. The system will take you to the first page of the application. You

must select “Continue Application” to page through to the page where you left the application so you can continue completing the application information.

Communication from TTB

TTB will email you at various steps in the application process. These emails will contain status updates and communicate actions you must take before we can continue to process your application. Status changes may include, “Received”, “Incomplete”, “Pending”, “Review in Progress”, “Abandoned”, “Withdrawn”, “Denied”, or “Approved”. In certain instances, you must log into PERMITS ONLINE to view additional information such as comments or instructions.

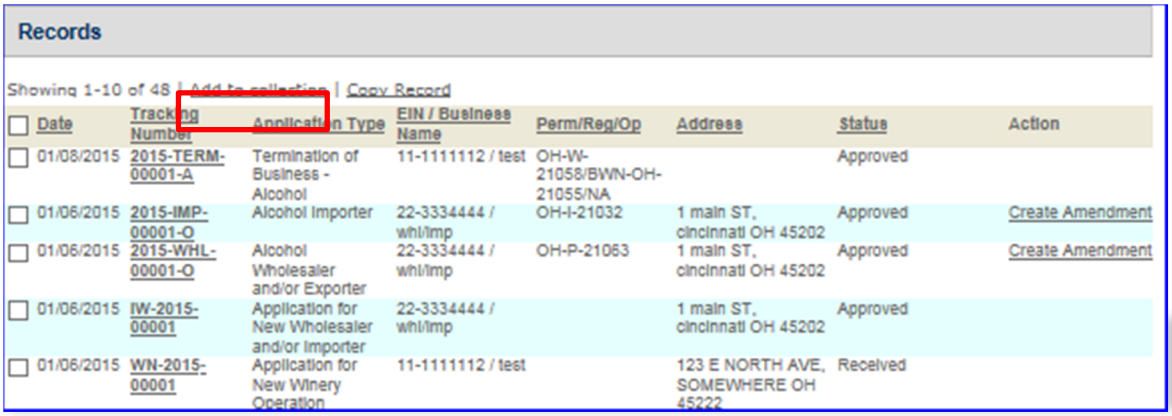
Comments will be sent to you (if applicable) that notify you of missing required documentation (Initial Review), application data that TTB corrected (Specialist Review), or specific instructions or limitations regarding an approval or denial of your application (Manager Disposition). To view these additional Comments about your application, use the following steps:

- Login into PERMITS ONLINE
- Use the “Search Your Applications” button to find your application
- Click on the application tracking number
- Click on the arrow next to the Status bar
- Click on the arrow button next to either “Initial Review”, “Specialist Review”, or “Manager Disposition”
- Click on the plus sign (**+**) box next to one of the above categories to reveal the specific comments

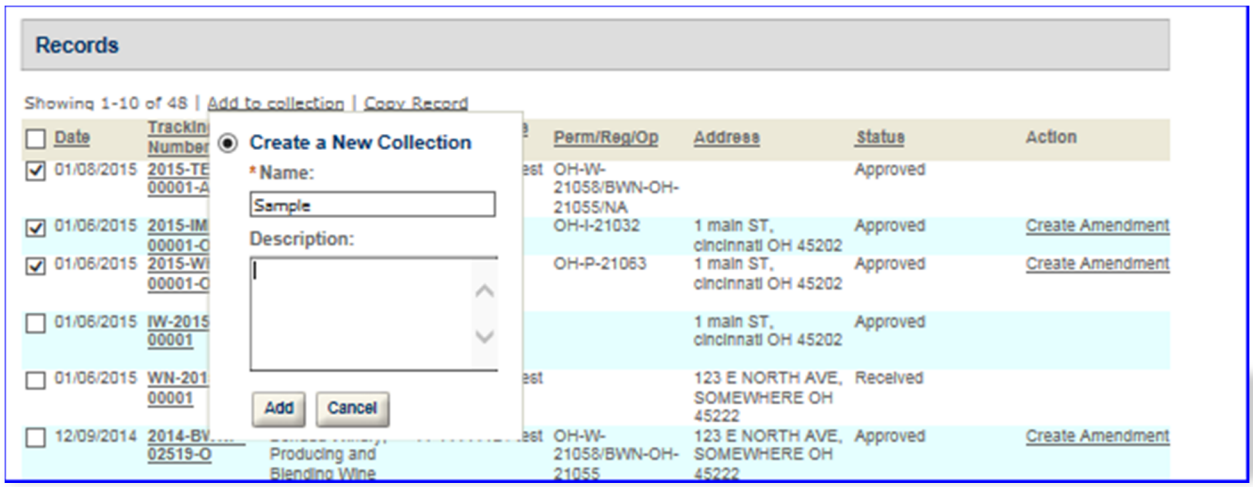
TTB will attach to your application any documents that indicate its final disposition. This may include an approval letter, permit, registration, bond, power of attorney and other approval documents (as applicable) or information regarding a denial, withdrawal, or abandonment. To access these documents, click on the arrow next to “Supporting Documents and Attachments.” Then, click on the name of the document, and select “Open” to view, print, or save the TTB attachment.

Collections

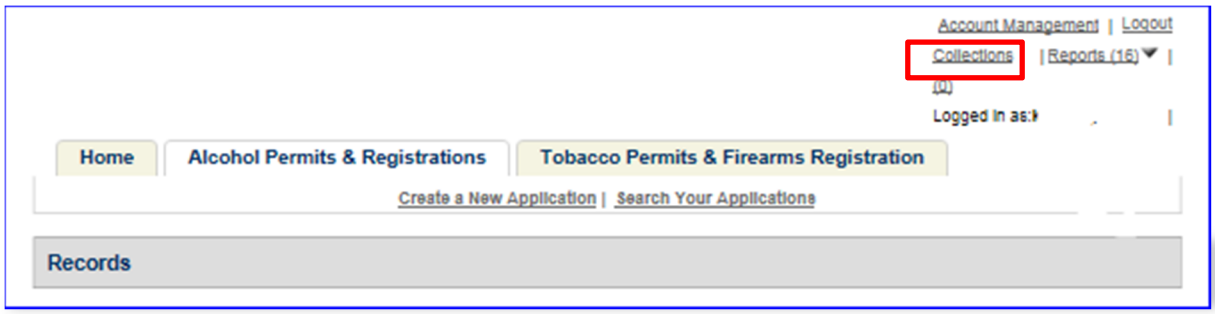
If you file multiple applications within PERMITS ONLINE, you may choose to organize your applications using a feature called 'Collections'. This will be especially useful if you are a consultant or if your company has multiple regulated operations or locations. Once you have created more than one application, you may create Collections.



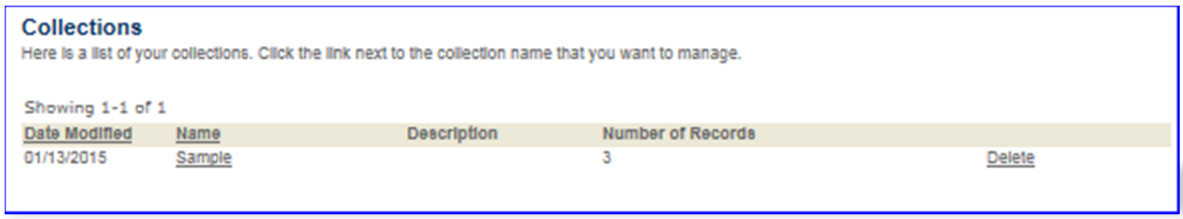
After selecting "Search Your Applications" from the Home screen, select the boxes next to the applications you wish to organize together in a collection and then click "Add to collection".



You may either create a new Collection or choose an existing Collection.



After your collection is created you may select the "Collections" button at the top of the screen, to open a collection folder and review all of the applications within that collection.



Please note, however, that all applications remain in the primary "Records" list even if they have also been selected as part of a collection. There is no limit to the number of collection folders you can create.

Viewing Your Application Data and Attachments

To view your application data and attachments after you have submitted the application or after you have saved the application prior to submission, you will need to log in, use the "Search Your Applications" button to find your application, and then click on the tracking number of the application.

First click on the arrow next to "View Details" within the "Record/Application Details" section. You may then open various subsections of your application by clicking on the plus sign (**+**) next to each subsection.

To access and view any documents you have attached to your application, click on the arrow next to "Supporting Documents and Attachments". Click on the name of the document and select "Open" to view the attachment.

To see the tracking numbers of any other applications (Initial Application, official Commodity-Specific Application, or Application for Owner Officer Information) related to the one you have selected, click on the arrow next to "Related Records/Applications". You can switch to one of those related applications by clicking "View" to the right of the application.

Recreating Application Data on Certain TTB Forms

Bonds, Change in Bonds and Powers of Attorney require a signature before uploading. You may create partially completed versions of these forms after you have completed your application. To do this, select "Search Your Applications" from the PERMITS ONLINE Home screen. Then, select the Tracking Number of the application you wish to open and view.

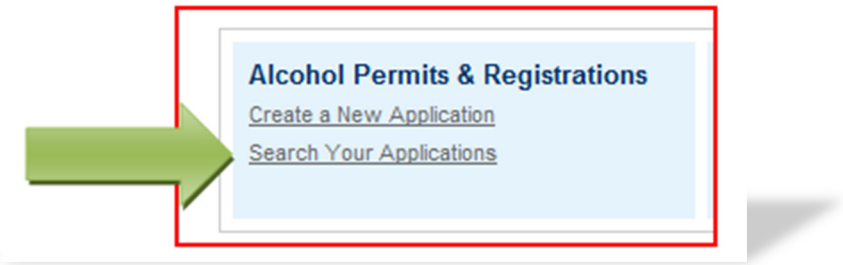
Next, click the "Reports" button at the top of the screen and select the form which you wish to generate. Certain forms containing personnel data such as Date of Birth and Social Security Number aren't available for privacy reasons. These include TTB Form 5000.9, Personnel Questionnaire, and TTB Form 5100.24, Application for Basic Permit.

Please note that forms for other application types, including those forms not applicable to your application, are available in this list. If you select a form that does not apply to your application, it will appear blank.

Resubmitting an Abandoned or Withdrawn Application

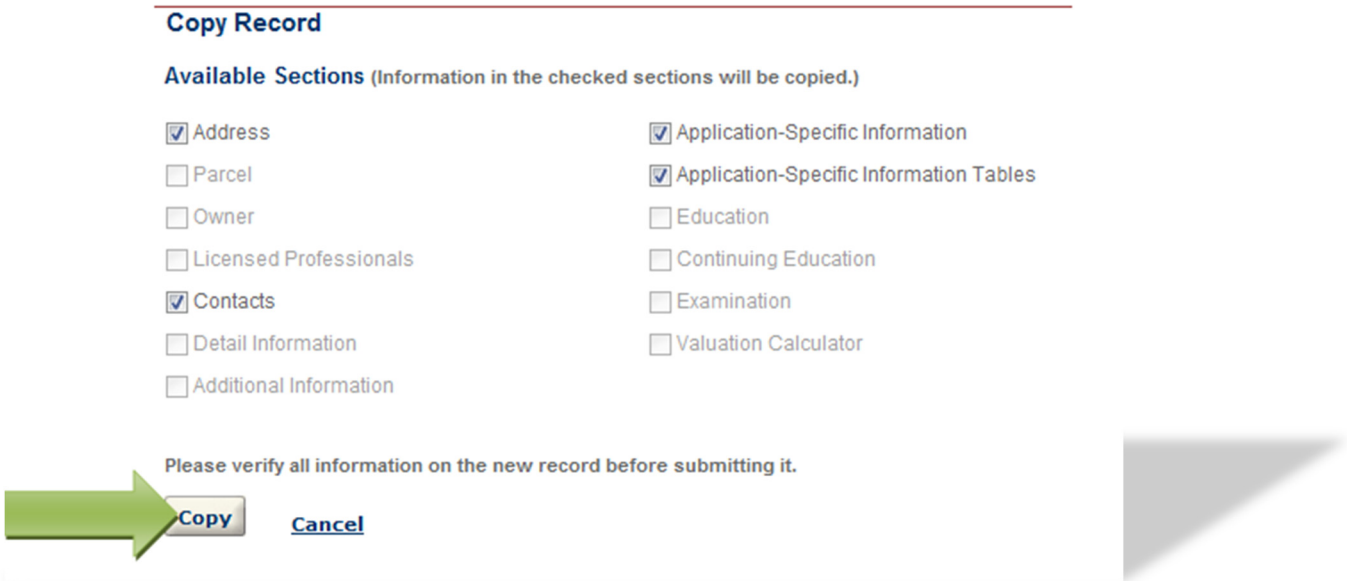
If your application has been abandoned or withdrawn you may use the "Copy Feature" within PERMITS ONLINE to duplicate the application you originally submitted. This feature affords you the opportunity to review the application and make any necessary edits before submittal. To "Copy" your application, Log into PERMITS ONLINE and follow the general steps below:

- Use the "Search Your Applications" button to find your application



- Place a checkmark in the box next to the application tracking number you wish to copy and then click the "Copy Record" link. **Note:** You can only copy the "Initial Tracking Number" application, not the Tracking Number TTB gave you after Acceptance of your Initial Application.

- You will see a screen showing sections of the application that will be duplicated. If you do not wish certain sections to be copied, simply remove the checkmark in the appropriate box and click the "Copy" button.



- You will then be presented with the application information. You should review each page for accuracy and make any necessary edits. Click the "Continue Application" button at the bottom of each page of the application.

- After completing the application, you will have the opportunity to review the application information one last time. After you have ensured the application contains accurate information, click the "Continue Application" button. You will immediately receive an email stating TTB has received your application and be given an Application Tracking Number.

Special Circumstances

If you are submitting an amendment for a Change in Location from one state to another state file an original application for the appropriate commodity.

Applications for sake plants, experimental wineries and DSPs, vinegar plants, volatile fruit-flavor concentrate plants, AFP applications for science fairs and school experiments and pilot breweries must be submitted as paper applications.

Permits Online Screen Prints

➢ AFP

Step 1 : Contacts & Location > Business Contacts

* indicates a required field.

Application Contact

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

*First Name: Middle Name: *Last Name:

Position/Title:

Business Name:

Address:

*City: *State: --Select-- *Zip:

Country: --Select--

*Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Business Headquarters

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

*Business Name:

*Employer Identification Number

Address:

*City:

*State: --Select--

*Zip:

Country: --Select--

*Primary Phone:

Alternate Phone:

Fax:

E-mail:

Clear

Continue Application »

Save and resume later:

Step 1 : Contacts & Location > Business Location

* indicates a required field.

Premise Address

This section pertains to the physical location and address where your approved operations will take place.

Street #: | Fraction: | Direction: --Select-- | * Street Name: | Type: --Select-- | Suffix: --Sele

Unit Type: --Select-- | Unit No.:

Rural Address:

Other Address:

* City: | * State: --Select-- | * Zip: | County:

* Premise Contact Name: | * Premise Phone Number:

Continue Application » | Save and resume later:

* indicates a required field.

Mailing Address

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

Business Name:

First Name: Middle Name: Last Name:

*Address:

P.O. Box:

*City: *State: --Select-- *Zip:

Country: --Select--

Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

* indicates a required field.

Application Information

REASON FOR THE APPLICATION

Indicate whether this Original Application is being filed due to a New Business, a Change of Proprietorship, or a Change in General Partner(s) by checking the appropriate box.

New Business: * ☐

Change of Proprietorship - Ownership: * ☐

Change of General Partner(s): * ☐

Enter Permit Number of Predecessor:

Enter Name and Address of Predecessor:

APPLICATION INFORMATION

This information pertains to your business organization and the timing of commencement of your proposed operations.

*Type of Organization: --Select--

Doing Business As:

State Where Incorporated/Organized: --Select--

Start Date for New Business Upon Approval by TTB: * ☐

Date of Change: *

Continue Application »

Save and resume later:

AFP OPERATION INFORMATION

If you do not own the property where the activity will take place, you must upload a statement with the property owner's signature giving Officers of the Alcohol and Tobacco Tax and Trade Bureau and state and local officers permission to access the premises. Click here for the permission statement.

* Size of Plant: Small (less than or equal to 10,000 Proof Gallons)

* Does the applicant own the property where the activity will take place?: ○ Yes ○ No

If no, please provide name and address of property owner: *

* Give description of security, such as locks, fences, alarms and measures taken to prevent unauthorized access:

* Description of Plant Premises:

* What is the maximum quantity of distilled spirits to be produced and received during a calendar year?:

* I will comply with the Clean Water Act: ☐

ENVIRONMENTAL INFORMATION

Enter "Not Applicable" as needed

*Enter Number of Employees (must be at least one):

*Address of Premises:

*Provide the name of your gas and electric company:

*Describe any air pollution control equipment in connection with heating:

*Describe any solid waste (Example: broken glass, grape must, cardboard):

*Describe means of disposal for solid waste (Example: commercial garbage collection, incineration):

*Describe any air pollution control equipment used with incinerators.:

*Describe any liquid waste (Example: wash water, spilled product):

*Describe means of disposal for liquid waste (Example: commercial sewer, septic system):

*Describe operational noise sources :

WATER QUALITY INFORMATION

Enter "Not Applicable" as needed

Describe activity to be conducted:

Describe any liquid waste released into navigable waters:

Provide beginning and ending dates for the release:

Decribe how you will monitor the quality and characteristics of the discharge:

AFP BOND

Medium and Large Alcohol Fuel Plants are required to complete Form 5110.56 Distilled Spirits Bond with sufficient coverage for the operations of an Alcohol Fuel Plant Producer. Select "Add a Row" to enter the information from the Distilled Spirits Bond.

* Bond Kind: --Select--	* Effective Date of Bond:	* Amount of Bond:
* Bond Category: --Select--	If Surety - Surety Name:	If Surety - Bond Number:
If T-Note or T-Bond - CUSIP Number:	If T-Note or T-Bond - Interest Rate:	If T-Note or T-Bond - Maturity Date:
If T-Note or T-Bond - Issue Date:	* Execution Date:	

Submit Cancel

OFFICER/OWNERSHIP INFORMATION

Important! Ownership percentage should equal 100%. Select "Add a Row" to enter additional individuals, companies and/or trusts.

This information must be provided for every stockholder holding 10% or more, Sole Proprietor, Partner, Officer, Director, Trustee, Member and/or Managing Member as well as for any Company or Trust holding ownership in the Company.

*How is Officer/Owner Info Submitted?: --Select--

Officer/Owner Info Tracking No.:

*Officer/Owner Classification: --Select--

EIN:

First Name:

Middle Name:

Last Name:

Suffix: --Select--

Email Address:

Primary Title: --Select--

List Additional Titles:

Title if Other:

*Description of Duties or Relation to the Proposed Operation:

Company Name:

Trust Name:

*Percent Voting-Stock-Interest:

*Investment in Business:

*Financial Institution: Name, City and State:

*Source of Funds (SOF) Description:

*How is SOF Documentation Submitted?: --Select--

Submit Cancel

SIGNING AUTHORITY

Select "Add a Row " for each employee of the company who has the authority to sign and/act on behalf of your company. Authority can be granted by title or individual.

Be sure to include anyone who will be a registered user for COLAs and Formulas Online. Please note: Your permit must be APPROVED before you can register for these systems.

*Authority Granted by: --Select--

First Name:

Middle Name:

Last Name:

Suffix: --Select--

Title: --Select--

Title if Other:

* Source of Authority: --Select--

Type of Board Meeting: --Select--

Date of Meeting:

*Type: --Select--

If Limited, Signing Authority Capacity:

*Effective Date:

Is this person authorized to prepare or review label submissions?: Yes No

Is this person authorized to submit labels for approval?: Yes No

Is this person authorized to prepare or review formula submissions?: Yes No

Is this person authorized to submit formulas for approval?: Yes No

Does this person already have a COLAs Online and/or Formulas Online account with TTB?: Yes No

Phone Number:

Street:

City:

State: --Select--

Zip:

Email Address:

Submit

POWER OF ATTORNEY INFORMATION

Select "Add a Row " for each non-employee of the company you are granting the authority to sign or act on your behalf. Be sure to include anyone who will be a registered user for COLAs and Formulas Online. Please note: Your permit must be APPROVED before you can register for these systems.

*First Name:

Middle Name:

*Last Name:

Suffix: --Select--

*Address:

*Phone Area Code:

*Phone:

Phone Extension:

Fax Area Code:

Fax Number:

Email:

*Type: --Select--

If Limited, Specific Powers to be Conferred:

*Effective Date:

Is this person authorized to prepare or review label submissions?: ○ Yes ○ No

Is this person authorized to submit labels for approval?: ○ Yes ○ No

Is this person authorized to prepare or review formula submissions?: ○ Yes ○ No

Is this person authorized to submit formulas for approval?: ○ Yes ○ No

Does this person already have a COLAs Online and/or Formulas Online account with TTB?: ○ Yes ○ No

Submit Cancel

REQUEST FOR VARIANCE

Select "Add a Row " for each Request for Alternate Method (Variance Request) or Request for Special Permission/Authorization. A letterhead notice must be uploaded for each request.

*Variance, Alternate Method, Special Permission Type: --Select--

*Description of Request:

Submit Cancel

AFP BASIC MATERIALS

Crop Residue:*

Forage Crops:*

Fruits or Fruit Products:*

Grain or Starch Products:*

Sugar Based Crops or Products:*

Other:*

If other, specify:

STILL INFORMATION

Select "Add a Row " to enter information on the type of still that will be used for the production of fuel alcohol.

* Still Manufacturer (if owner, state owner):

* Serial Number of Still:

*Kind of Still: --Select--

If Other, Specify:

*Capacity - Proof Gallons:

Submit Cancel

CONSENT OF SURETY

Select "Add a Row " for each operation you plan to conduct that is not covered under your bond. Click here for a list of examples that will require a Change In Bond (Consent of Surety) NOTE: A TTB Form 5000.18, Change In Bond (Consent of Surety), must be completed and uploaded. ENTER THE INFORMATION BELOW FROM THE BOND THAT YOU ARE REQUESTING AN EXTENSION OF THE TERMS.

What is the corporate surety, if any, listed on the bond that you are changing?:

What is the form number of the bond that you are changing?: --Select--

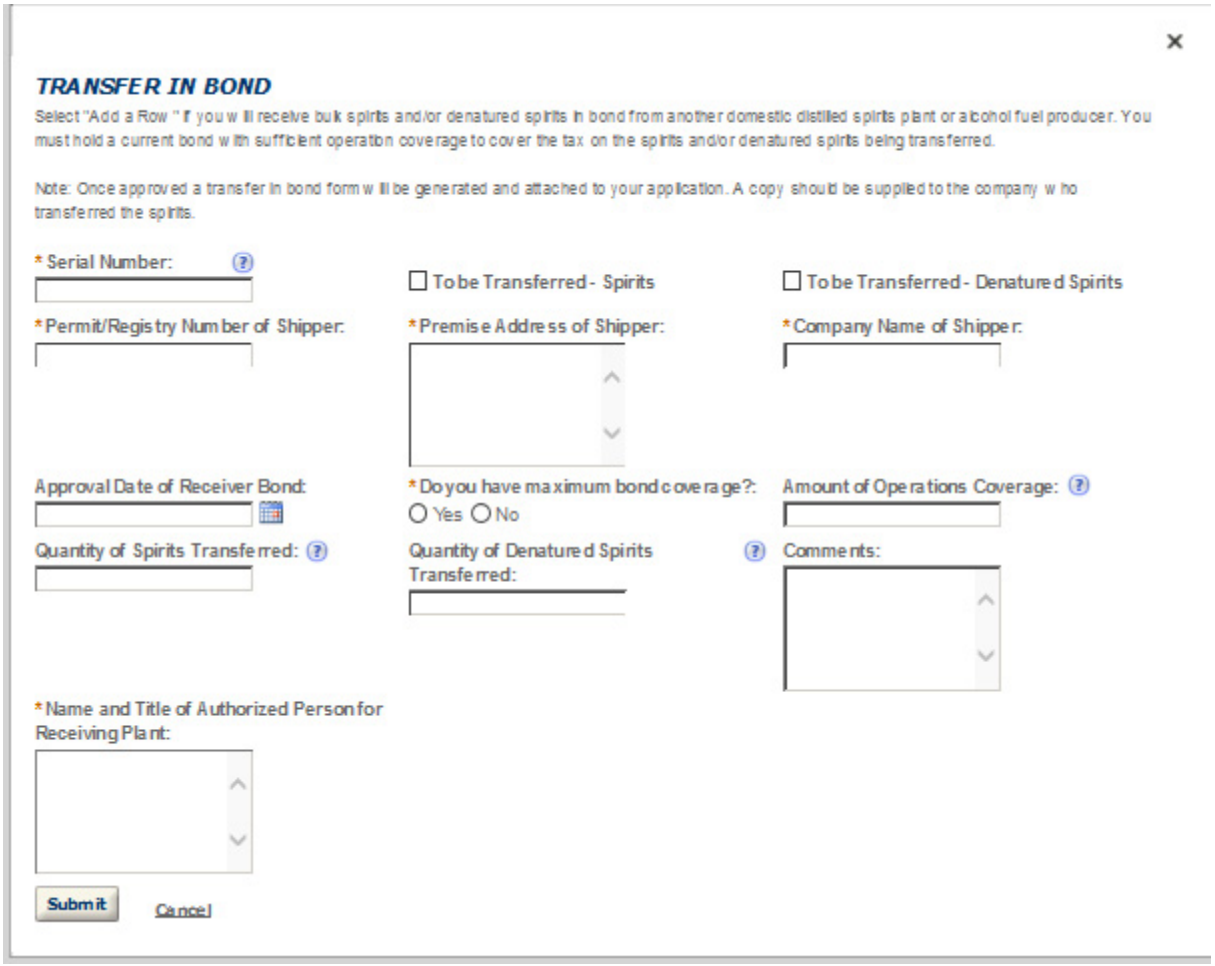
What is the dollar amount of the bond that you are changing?:

What is the effective date of the bond that you are changing?:

What is the effective date of this change in bond?:

We are changing the above bond as follows::

Submit Cancel



TRANSFER IN BOND

Select "Add a Row" if you will receive bulk spirits and/or denatured spirits in bond from another domestic distilled spirits plant or alcohol fuel producer. You must hold a current bond with sufficient operation coverage to cover the tax on the spirits and/or denatured spirits being transferred.

Note: Once approved a transfer in bond form will be generated and attached to your application. A copy should be supplied to the company who transferred the spirits.

* Serial Number:

☐ To be Transferred - Spirits

☐ To be Transferred - Denatured Spirits

* Permit/Registry Number of Shipper:

* Premise Address of Shipper:

* Company Name of Shipper:

Approval Date of Receiver Bond:

* Do you have maximum bond coverage?: ○ Yes ○ No

Amount of Operations Coverage:

Quantity of Spirits Transferred:

Quantity of Denatured Spirits Transferred:

Comments:

* Name and Title of Authorized Person for Receiving Plant:

Submit Cancel

STATEMENTS AND DOCUMENTS

Based on the answers that you provided, TTB has compiled a list of supporting documents that must be submitted with this application. Every document identified must be uploaded to this application within 15 days from the date you submitted to TTB or your application will be abandoned.

WARNING: Any information added within this Section will NOT be saved if you place the application in a Save and Resume Status. Therefore, we recommend you to wait to complete this section until you are ready to submit the application.

If a document is on file with a previous submission, click ACTIONS and select EDIT to change your Method of Submission.

Showing 1-2 of 2

Document Type	Document Type if Other	Comments	Method of Submission	Permit, Registry or Tracking Number if on file with TTB	
Letter of Intent From Foreign Supplier			Uploaded		Actions
Meeting Minutes			Uploaded		Actions

Add a Row | Edit Selected | Delete Selected

Attachment

Click "Browse" to search your computer for each of the required documents that need to be uploaded. Completing this section will require you to have previously saved each document on your computer.

Users running Apple OS X 10.6.8 or later should click here for instructions to provide their supporting documents.

WARNING: You will be required to select a document "TYPE" and "Description" of each uploaded document. You MUST select the SAVE button at the bottom of this screen BEFORE clicking the Continue Application button to ensure all the uploaded documents are successfully attached to your application.

Attachment List

Files can be up to 16MB in size. Acceptable file types include .doc, .docx, .pdf, .jpg, .xls, .xlsx

Name	Type	Size	Date	Action
No records found.				

Browse

Continue Application » Save and resume later:

YOUR DECLARATION

You must check the associated box to indicate that you declare, under penalties of perjury, that you have examined this application and that it is true, correct, and complete to the best of your knowledge and belief. The date that you check the box signifying this declaration will be auto-filled into the field provided.

* Under penalties of perjury, I declare that this statement, including the document in support thereof, has been examined by me and, to the best of my knowledge and belief, it is true, correct, and complete.:

* Declaration Date:

Continue Application » Save and resume later:

➢ BREWERY

* indicates a required field.

Application Contact

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

*First Name: Middle Name: *Last Name:

Position/Title:

Business Name:

Address:

*City: *State: --Select-- *Zip:

Country: --Select--

*Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Business Headquarters

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

*Business Name:

*Employer Identification Number

Address:

*City:

*State: --Select--

*Zip:

Country: --Select--

*Primary Phone:

Alternate Phone:

Fax:

E-mail:

Clear

Continue Application »

Save and resume later:

* indicates a required field.

Mailing Address

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with ? Kimberly Briedis

Business Name: ?

First Name: Middle Name: Last Name:

*Address:

P.O. Box:

*City: *State: --Select-- *Zip:

Country: --Select--

Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Continue Application » Save and resume later:

REASON FOR THE APPLICATION

Indicate whether this Original Application is being filed due to a New Business, a Change of Proprietorship, or a Change in General Partner(s) by checking the appropriate box.

New Business: * ☑

Change of Proprietorship - Ownership: ☐

Change of General Partner(s): ☐

Enter Registry Number of Predecessor:

Enter Name and Address of Predecessor:

APPLICATION INFORMATION

This information pertains to your business organization and the timing of commencement of your proposed operations.

*Type of Organization: --Select--

State Where Incorporated/Organized: --Select--

Start Date for New Business Upon Approval by TTB: * ☑

Date of Change:

Continue Application »

Save and resume later:

OFFICER/OWNERSHIP INFORMATION

Important! Ownership percentage should equal 100%. Select "Add a Row" to enter additional individuals, companies and/or trusts.

This information must be provided for every stockholder holding 10% or more, Sole Proprietor, Partner, Officer, Director, Trustee, Member and/or Managing Member as well as for any Company or Trust holding ownership in the Company.

*How is Officer/Owner Info Submitted?: --Select--

Officer/Owner Info Tracking No.:

*Officer/Owner Classification: --Select--

EIN:

First Name:

Middle Name:

Last Name:

Suffix: --Select--

Email Address:

Primary Title: --Select--

List Additional Titles:

Title if Other:

*Description of Duties or Relation to the Proposed Operation:

Company Name:

Trust Name:

*Percent Voting-Stock-Interest:

*Investment in Business:

*Financial Institution: Name, City and State:

*Source of Funds (SOF) Description:

*How is SOF Documentation Submitted?: --Select--

Submit Cancel

ALTERNATION OF PREMISES

Select "Add a Row" for each additional commodity type (under the same ownership) being conducted at this location alternating the use of the premises.

*Type of Alternating Operation: --Select--

Permit Number (if known):

Registry Number (if known):

Operating Permit Number (if known):

Application Tracking Number:

Submit Cancel

ALTERNATION OF PROPRIETORS

Select "Add a Row " for each Alternating Proprietor conducting operations at this location.

*Type of Arrangement: --Select--
Host Name:
Host Permit Number:
Host Registry Number:
Tenant Name:
Tenant Permit Number:
Tenant Registry Number:
Co-Tenant Name:
Co-Tenant Permit Number:
Co-Tenant Registry Number:

Submit Cancel

SIGNING AUTHORITY

Select "Add a Row " for each employee of the company who has the authority to sign and/act on behalf of your company. Authority can be granted by title or individual.

Be sure to include anyone who will be a registered user for COLAs and Formulas Online. Please note: Your permit must be APPROVED before you can register for these systems.

*Authority Granted by: --Select--
First Name:
Middle Name:
Last Name:
Suffix: --Select--
Title: --Select--
Title if Other:
* Source of Authority: --Select--
Type of Board Meeting: --Select--
Date of Meeting:
*Type: --Select--
If Limited, Signing Authority Capacity:
*Effective Date:
Is this person authorized to prepare or review label submissions?: Yes No
Is this person authorized to submit labels for approval?: Yes No
Is this person authorized to prepare or review formula submissions?: Yes No
Is this person authorized to submit formulas for approval?: Yes No
Does this person already have a COLAs Online and/or Formulas Online account with TTB?: Yes No
Phone Number:
Street:
City:
State: --Select--
Zip:
Email Address:

Submit

POWER OF ATTORNEY INFORMATION

Select "Add a Row " for each non-employee of the company you are granting the authority to sign or act on your behalf. Be sure to include anyone who will be a registered user for COLAs and Formulas Online. Please note: Your permit must be APPROVED before you can register for these systems.

*First Name:

Middle Name:

*Last Name:

Suffix: --Select--

*Address:

*Phone Area Code:

*Phone:

Phone Extension:

Fax Area Code:

Fax Number:

Email:

*Type: --Select--

If Limited, Specific Powers to be Conferred:

*Effective Date:

Is this person authorized to prepare or review label submissions?: ○ Yes ○ No

Is this person authorized to submit labels for approval?: ○ Yes ○ No

Is this person authorized to prepare or review formula submissions?: ○ Yes ○ No

Is this person authorized to submit formulas for approval?: ○ Yes ○ No

Does this person already have a COLAs Online and/or Formulas Online account with TTB?: ○ Yes ○ No

Submit Cancel

TRADE NAMES / OPERATING NAME

Select "Add a Row " for each trade name you wish to use. Each trade name must be appropriately registered. Click here for general trade name rules.
NOTE: You may only select one Operating Name(DBA).

*Type: --Select--

Who will you be Bottling on Account For?:

*Name:

*I certify that the listed trade name has been registered with my County (CA) or State (All States): ○ Yes ○ No

Submit Cancel

REQUEST FOR VARIANCE

Select "Add a Row " for each Request for Alternate Method (Variance Request) or Request for Special Permission/Authorization. A letterhead notice must be uploaded for each request.

*Variance, Alternate Method, Special Permission Type: --Select--

*Description of Request:

Submit Cancel

BREWERY OPERATION INFO

This section pertains to your proposed brewing operations and premises.

Brewery/Microbrewery:* ☐

Brewpub (Tanks):* ☐

Brewpub (Bottles/Kegs):* ☐

*Does the applicant own the land or building comprising the brewery?: ○ Yes ○ No

If yes, please provide us with the name and address of any mortgagee, or other person who has a claim on the land or buildings comprising the brewery. If there is no mortgagee, or other claim on the land or buildings, please enter "Not Applicable":

If no, please provide us with the name/address of the owner of the land or buildings comprising the brewery, and of any mortgagee, or other claim on the land or buildings comprising the brewery:*

*Does the applicant own the equipment that will be used in the operation?: ○ Yes ○ No

If no, please provide name and address of the equipment owner:*

Enter the Start Time of your 24 hour brewer business day if different than 12:00am through 11:59pm: 12:00am

BREWPUB STATEMENT

Complete the statements below acknowledging that you understand the responsibility's of conducting brew pub operations.

We must separate the brewery operations (non-public area) from public area of the brewery premises by an adequate partition. Access to the brewery operations must be restricted to authorized visitors and employees only:* ☐

The serving tanks as noted on our attached diagram are our tax-determined beer tanks:* ☐

These tanks have a working capacity of approximately how many barrels/kegs:* [ ]

Capacity measured in:* --Select--

These tanks are accurately calibrated with appropriate measuring devices:* ☐

We must transfer beer ready for consumption or sale from our fermenters into an empty tax-determination tank for measurement by the approved measuring device:* ☐

We will make prompt and accurate records of these transactions to determine tax due:* ☐

Does the applicant plan to sell retail liquors other than beer?:* ○ Yes ○ No

BREWERY INFORMATION

*Are you a member of a controlled group?: ◯ Yes ◯ No

As part of the controlled group will the controlled group produce more than 60,000 but less than 2,000,000 barrels of beer per year?: ◯ Yes ◯ No

*What is your estimated production in barrels per year?: --Select--

*Provide a description of each tract of land that comprises the brewery by distance and directions. (LAND ONLY):

*Describe each Brewery Premises Building: Provide size, construction, use and location of doors and windows:

a.) Identify what area of the brewery will be used as a tavern including the boundaries of the tavern b.) Identify the areas of the brewery that are accessible to the public and those not c.) Describe security measures that will prevent public access to the brewing area (s). d.) Describe in detail the method to be used for measuring beer for the purpose of tax determination. Identify the tanks which will periodically contain tax-determined beer, and any other areas where tax-determined beer will be stored:*

IF ALTERNATING: a) Describe any area of the brewery which will be used in the alternation of operations. b) Describe which area of the brewery is appointed to (alternating company) and their operations. c) Describe all areas, building, floors, rooms, equipment and pipelines which will be shared.:

*Describe brewery security to include; locks, access to the brewery and how un-taxpaid goods will be protected during and after business hours:

*Do you understand that if the brewery charges for tasting of beer or has any other charges, such as a charge for tours or parking, the tasting room cannot be part of the brewery premises and you must tax pay the beer before removing it to the tasting room. Lines cannot be run from the brewery to the serving bar: You must remove the beer in kegs or some other type of approved container and pay the tax on the keg/container as it is removed from the brewery to the tasting room: ◯ Yes ◯ No

*Do you understand that if the brewery charges for tasting the beer or has any other charges, such as a charge for tours or parking, the tasting room cannot be part of the brewery premises and you must tax pay the beer before removing it to the tasting room. Lines cannot be run from the brewery to the serving bar: You must remove the beer in kegs or some other type of approved container and pay the tax on the keg/container as it is removed from the brewery to the tasting room: ◯ Yes ◯ No

ENVIRONMENTAL INFORMATION

Enter "Not Applicable" as needed

*Enter Number of Employees (must be at least one):

*Address of Premises:

*Provide the name of your gas and electric company:

*Describe any air pollution control equipment in connection with heating:

*Describe any solid waste (Example: broken glass, grape must, cardboard):

*Describe means of disposal for solid waste (Example: commercial garbage collection, incineration):

*Describe any air pollution control equipment used with incinerators.:

*Describe any liquid waste (Example: wash water, spilled product):

*Describe means of disposal for liquid waste (Example: commercial sewer, septic system):

*Describe operational noise sources :

WATER QUALITY INFORMATION

Enter "Not Applicable" as needed

*Describe activity to be conducted:

*Describe any liquid waste released into navigable waters:

*Provide beginning and ending dates for the release:

*Decribe how you will monitor the quality and characteristics of the discharge:

MEMBERS OF CONTROLLED GROUP

Select "Add a Row" for each member of the controlled group; (a.) One brewery owns controlling interest in another brewery (b.) There is a common ownership in the controlling interest in each brewery

*Employer Identification Number:

*Registry Number:

*Company Name:

*Brewery Location:

*Barrels of Beer at Reduced Rate per year:

Submit Cancel

NON-CONTIGUOUS LOCATIONS

Select "Add a Row" for each non-contiguous premises. The non-contiguous premises must be a continuation of the existing premises and must not be a stand alone operation.

*Non-contiguous Location Address:

*Description of Non-contiguous Premises:

*Distance from the Primary Operation in miles:

*Description of proposed Operation(s):

Submit Cancel

BREWERS BOND

A Brewer's Bond with sufficient coverage is required for Brewery Operations. If you plan to have a surety company issue your bond, use TTB F 5130.22. If paying by check or by Treasury Security use TTB F 5130.25. Select "Add a Row" to enter the information from the bond form.

*Bond Kind: --Select--

*Effective Date of Bond:

*Amount of Bond: 0

*Bond Category: --Select--

If Surety - Surety Name:

If Surety - Bond Number:

Treasury Security - CUSIP Number:

Treasury Security - Maturity Date:

Treasury Security - Interest Rate:

Treasury Security - Par Value:

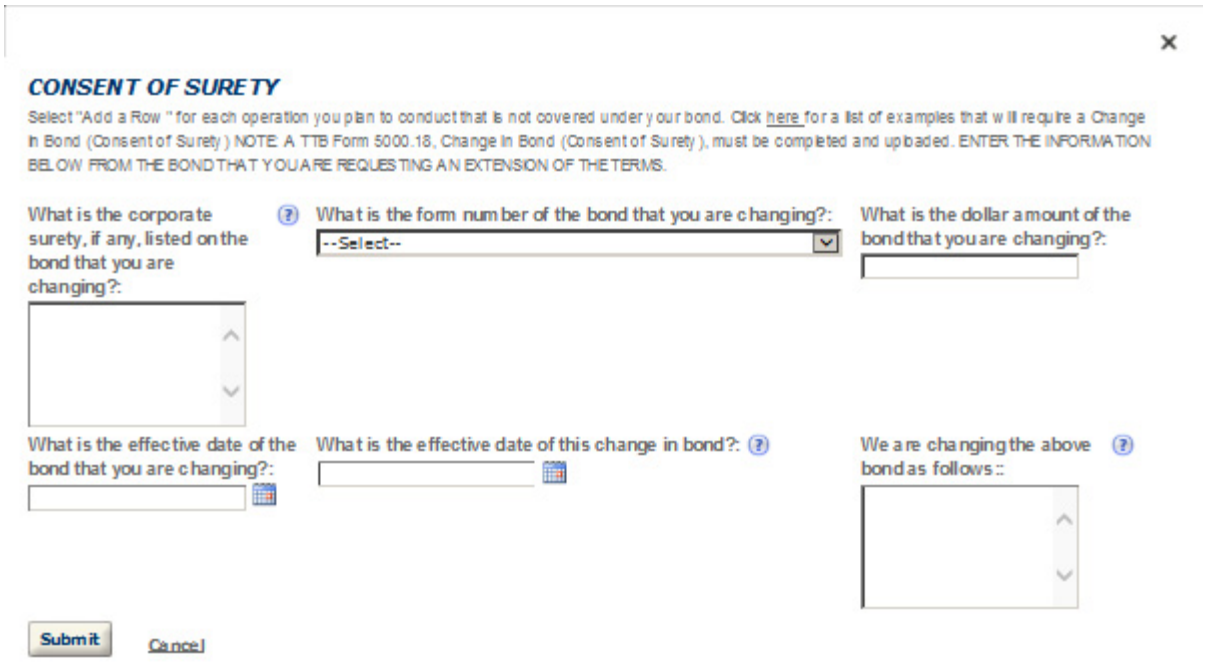
Treasury Security - Issue Date:

Federal Reserve Bank where deposited: St. Louis, MO

*Execution Date:

Expiration Date:

Submit Cancel



CONSENT OF SURETY

Select "Add a Row " for each operation you plan to conduct that is not covered under your bond. Click here for a list of examples that will require a Change in Bond (Consent of Surety) NOTE: A TTB Form 5000.18, Change in Bond (Consent of Surety), must be completed and uploaded. ENTER THE INFORMATION BELOW FROM THE BOND THAT YOU ARE REQUESTING AN EXTENSION OF THE TERMS.

What is the corporate surety, if any, listed on the bond that you are changing?:

What is the form number of the bond that you are changing?: --Select--

What is the dollar amount of the bond that you are changing?:

What is the effective date of the bond that you are changing?:

What is the effective date of this change in bond?:

We are changing the above bond as follows::

Submit Cancel

STATEMENTS AND DOCUMENTS

Based on the answers that you provided, TTB has compiled a list of supporting documents that must be submitted with this application. Every document identified must be uploaded to this application within 15 days from the date you submitted to TTB or your application will be abandoned.

WARNING: Any information added within this Section will NOT be saved if you place the application in a Save and Resume Status. Therefore, we recommend you to wait to complete this section until you are ready to submit the application.

If a document is on file with a previous submission, click ACTIONS and select EDIT to change your Method of Submission.

Showing 1-7 of 7

Document Type	Document Type if Other	Comments	Method of Submission	Permit, Registry or Tracking Number if on file with TTB	
Lease Agreement or Proof of Property Ownership			Uploaded		Actions
Source of Funds Documentation			Uploaded		Actions
Diagram, Plant or Plan			Uploaded		Actions
Partnership Agreement			Uploaded		Actions
Meeting Minutes			Uploaded		Actions
Certificate to Operate in Foreign State			Uploaded		Actions
Bond Form			Uploaded		Actions

Add a Row | Edit Selected | Delete Selected

Attachment

Click "Browse" to search your computer for each of the required documents that need to be uploaded. Completing this section will require you to have previously saved each document on your computer.

Users running Apple OS X 10.6.8 or later should click here for instructions to provide their supporting documents.

WARNING: You will be required to select a document "TYPE" and "Description" of each uploaded document. You MUST select the SAVE button at the bottom of this screen BEFORE clicking the Continue Application button to ensure all the uploaded documents are successfully attached to your application.

Attachment List

Files can be up to 16MB in size. Acceptable file types include .doc, .docx, .pdf, .jpg, .xls, .xlsx

Name	Type	Size	Date	Action
No records found.				

Browse

YOUR DECLARATION

You must check the associated box to indicate that you declare, under penalties of perjury, that you have examined this application and that it is true, correct, and complete to the best of your knowledge and belief. The date that you check the box signifying this declaration will be auto-filled into the field provided.

I understand that I may not produce or receive product until the premises and operations are approved by the Director, National Revenue Center.

*Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete.: ☐

*Declaration Date:

Continue Application »

Save and resume later:

➢ DSP

Application Contact

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

*First Name: Middle Name: *Last Name:

Position/Title:

Business Name:

Address:

*City: *State: --Select-- *Zip:

Country: --Select--

*Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Business Headquarters

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

*Business Name:

*Employer Identification Number

Address:

*City:

*State: --Select--

*Zip:

Country: --Select--

*Primary Phone:

Alternate Phone:

Fax:

E-mail:

Clear

Continue Application »

Save and resume later:

Premise Address

This section pertains to the physical location and address where your approved operations will take place.

Street #: | Fraction: | Direction: --Select-- | * Street Name: | Type: --Select-- | Suffix: --Select--

Unit Type: --Select-- | Unit No.:

Rural Address:

Other Address:

* City: | * State: --Select-- | * Zip: | County:

* Premise Contact Name: | * Premise Phone Number:

Continue Application » | Save and resume later:

Mailing Address

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

Business Name:

First Name: Middle Name: Last Name:

*Address:

P.O. Box:

*City: *State: --Select-- *Zip:

Country: --Select--

Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Continue Application »

Save and resume later:

REASON FOR THE APPLICATION

Indicate whether this Original Application is being filed due to a New Business, a Change of Proprietorship, or a Change in General Partner(s) by checking the appropriate box.

New Business: *

Change of Proprietorship - Ownership: *

Change of General Partner(s): *

Enter Permit Number of Predecessor:

Enter Operating Permit Number of Predecessor:

Enter Registry Number of Predecessor:

Enter Name and Address of Predecessor:

APPLICATION INFORMATION

This information pertains to your business and the timing of commencement of your proposed operations.

*Type of Organization: --Select--

State wher Incorporated/Organized: --Select--

Start Date for New Business Upon Approval by TTB: *

Date of Change: *

Continue Application »

Save and resume later:

OWNER BACKGROUND INFORMATION

*Has the applicant or any person listed on this application ever been denied a permit, license, or other authorization to engage in any business to manufacture, distribute, import, sell, or use alcohol products (beverage or nonbeverage) by any government agency (Federal, State, local or foreign) or had such a permit, license, or other authorization revoked, suspended, or otherwise terminated?: ◯ Yes ◯ No

If yes, provide details:

*Has the applicant or any person listed in this application ever been arrested for, charged with, or convicted of any crime under Federal, State, or Foreign laws other than traffic violations or convictions that are not felonies under Federal or State law?: ◯ Yes ◯ No

If yes, provide details including dates, places and final disposition:

OFFICER/OWNERSHIP INFORMATION

Important! Ownership percentage should equal 100%. Select "Add a Row" to enter additional individuals, companies and/or trusts.

This information must be provided for every stockholder holding 10% or more, Sole Proprietor, Partner, Officer, Director, Trustee, Member and/or Managing Member as well as for any Company or Trust holding ownership in the Company.

*How is Officer/Owner Info Submitted?: --Select--

Officer/Owner Info Tracking No.:

*Officer/Owner Classification: --Select--

EIN:

First Name:

Middle Name:

Last Name:

Suffix: --Select--

Email Address:

Primary Title: --Select--

List Additional Titles:

Title if Other:

*Description of Duties or Relation to the Proposed Operation:

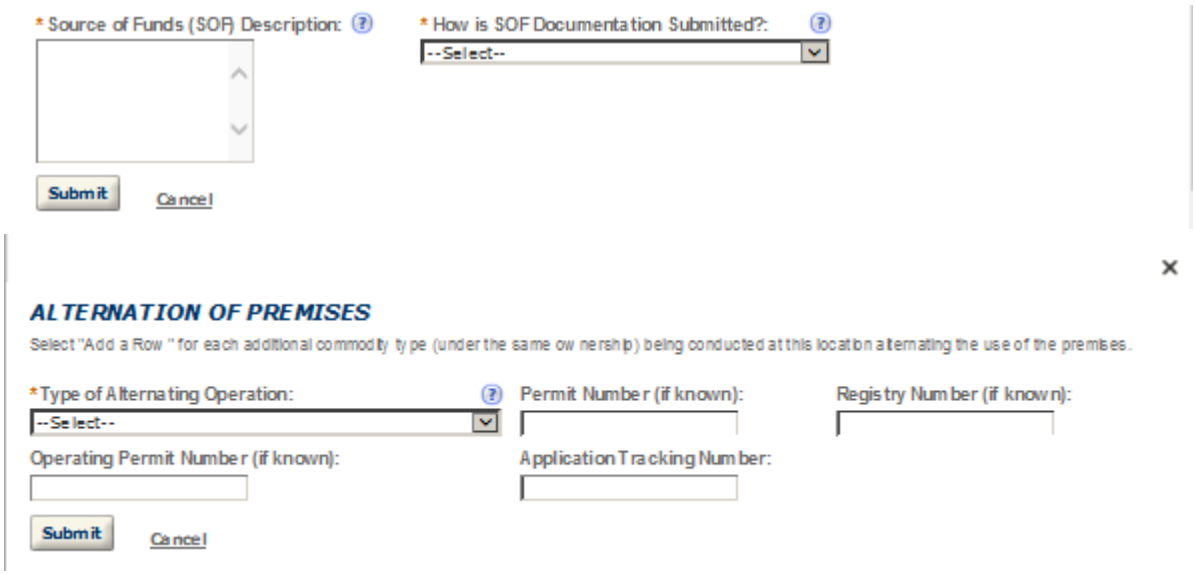
Company Name:

Trust Name:

*Percent Voting-Stock-Interest:

*Investment in Business:

*Financial Institution: Name, City and State:


* Source of Funds (SOF) Description:
* How is SOF Documentation Submitted?:
--Select--
Submit
Cancel
ALTERNATION OF PREMISES
Select "Add a Row " for each additional commodity type (under the same ownership) being conducted at this location alternating the use of the premises.
*Type of Alternating Operation:
--Select--
Permit Number (if known):
Registry Number (if known):
Operating Permit Number (if known):
Application Tracking Number:
Submit
Cancel

ALTERNATION OF PROPRIETORS

Select "Add a Row " for each Alternating Proprietor conducting operations at this location.

*Type of Arrangement: --Select--
Host Name:
Host Permit Number:
Host Registry Number:
Host Operating Permit Number:
Tenant Name:
Tenant Permit Number:
Tenant Registry Number:
Tenant Operating Permit Number:
Co-Tenant Name:
Co-Tenant Permit Number:
Co-Tenant Registry Number:
Co-Tenant Operating Permit Number:

Submit Cancel

SIGNING AUTHORITY

Select "Add a Row " for each employee of the company who has the authority to sign and/act on behalf of your company. Authority can be granted by title or individual.

Be sure to include anyone who will be a registered user for COLAs and Formulas Online. Please note: Your permit must be APPROVED before you can register for these systems.

*Authority Granted by: --Select--
First Name:
Middle Name:
Last Name:
Suffix: --Select--
Title: --Select--
Title if Other:
* Source of Authority: --Select--
Type of Board Meeting: --Select--
Date of Meeting:
*Type: --Select--
If Limited, Signing Authority Capacity:
*Effective Date:
Is this person authorized to prepare or review label submissions?: Yes No
Is this person authorized to submit labels for approval?: Yes No
Is this person authorized to prepare or review formula submissions?: Yes No
Is this person authorized to submit formulas for approval?: Yes No
Does this person already have a COLAs Online and/or Formulas Online account with TTB?: Yes No
Phone Number:
Street:
City:
State: --Select--
Zip:
Email Address:

Submit Cancel

POWER OF ATTORNEY INFORMATION

Select "Add a Row " for each non-employee of the company you are granting the authority to sign or act on your behalf. Be sure to include anyone who will be a registered user for COLAs and Formulas Online. Please note: Your permit must be APPROVED before you can register for these systems.

*First Name:

Middle Name:

*Last Name:

Suffix: --Select--

*Address:

*Phone Area Code:

*Phone:

Phone Extension:

Fax Area Code:

Fax Number:

Email:

*Type: --Select--

If Limited, Specific Powers to be Conferred:

*Effective Date:

Is this person authorized to prepare or review label submissions?: ○ Yes ○ No

Is this person authorized to submit labels for approval?: ○ Yes ○ No

Is this person authorized to prepare or review formula submissions?: ○ Yes ○ No

Is this person authorized to submit formulas for approval?: ○ Yes ○ No

Does this person already have a COLAs Online and/or Formulas Online account with TTB?: ○ Yes ○ No

Submit Cancel

TRADE NAMES / OPERATING NAME

Select "Add a Row " for each trade name you wish to use. Each trade name must be appropriately registered. Click here for general trade name rules. NOTE: You may only select one Operating Name(DBA).

*Type: --Select--

Who will you be Bottling on Account For?:

*Name:

*I certify that the listed trade name has been registered with my County (CA) or State (All States): ○ Yes ○ No

Submit Cancel

REQUEST FOR VARIANCE

Select "Add a Row " for each Request for Alternate Method (Variance Request) or Request for Special Permission/Authorization. A letterhead notice must be uploaded for each request.

*Variance, Alternate Method, Special Permission Type: --Select--

*Description of Request:

Submit Cancel

DSP OPERATION TYPE

*What Type of Distilled Spirits Plant Operation(s) are you applying for?: --Select--

DSP BEVERAGE OPERATION INFO

Distiller: ☐

Warehouseman: ☐

Processor (Rectifier): ☐

Processor(Bottling): ☐

Provide the total proof gallons of spirits that can be produced daily:

Describe step by step procedures used to produce spirits from an original source. Beginning with treating, mashing or fermenting of raw materials and continuing through each step; distilling, purifying and refining and production gauge.:

Describe how you plan to store "Bulk" Spirits:

Provide the total amount of bulk wine gallons that can be stored:

Describe the storage for bottled, cased and packaged spirits.:

Will spirits be redistilled?: ○ Yes ○ No

DSP INDUSTRIAL OPERATION INFO

Distiller:* ☐

Warehouseman:* ☐

Bottling or Packaging:* ☐

Denaturing Spirits:* ☐

Manufacturing Articles:* ☐

Processor - Other:* ☐

If other, specify:

Provide the total proof gallons of spirits that can be produced daily:

Describe step by step procedures used to produce spirits from an original source. Beginning with treating, mashing or fermenting of raw materials and continuing through each step; distilling, purifying and refining and production gauge:

Describe how you plan to store "Bulk" Spirits:

Provide the total amount of bulk wine gallons that can be stored:

Describe the storage for bottled, cased and packaged spirits:

Will spirits be redistilled?: ○ Yes ○ No

DSP INFORMATION

*Describe each Tract of Land by using directions and distances:

*Describe each bonded premise building; provide size by using directions and distances, construction, use of each building, location of doors and windows and any outside tanks.:

*Describe your General Premises which include all areas of plant that can not be covered under the bond:

*Specify when only a room or floor of a building will be used for plant operations and provide the location and description of the building, floor and room:

Description of Alternating Premises (if applicable):

*Give the maximum number of proof gallons that will be produced, stored and in transit to the bonded premises during a 15 day period:

*A general description of the physical security at the distilled spirits plant, including methods used to secure buildings or plant operation located within a portion of the building and outdoor tanks:

*Will any guard personnel be employed?: ○ Yes ○ No

*Will any electronic or mechanical alarm system be used?: ○ Yes ○ No

*I certify that locks used will meet the following specifications as required in the Code of Federal Regulations, Part, 19.192 (f). (i) Corresponding serial number on the lock and on the key, except for master key locking systems; (ii) Case hardened shackle at least one-fourth inch in diameter, with heel and toe locking; (iii) Body width of at least 2 inches; (iv) Captured key feature (key may not be removed while shackle is unlocked); (v) A tumbler with at least 5 pins; and (vi) A lock and key containing no bitting data: ☐

*List of persons, by their position and title who will have responsibility for the custody and access to keys for the locks.:

*I certify that accounting records for this distilled spirits plant will be maintained in accordance with generally accepted accounting principles.: ☐

If any other business is to be conducted on the distilled spirits plant premises, as provided in subpart D of this part, a description of the business, a list of the buildings and/or equipment to be used, and a statement as to the relationship, if any, of the business to distilled spirits operations at the plant:

ENVIRONMENTAL INFORMATION

Enter "Not Applicable" as needed

* Enter Number of Employees (must be at least one):

* Address of Premises:

* Provide the name of your gas and electric company:

* Describe any air pollution control equipment in connection with heating:

* Describe any solid waste (Example: broken glass, grape must, cardboard):

* Describe means of disposal for solid waste (Example: commercial garbage collection, incineration):

* Describe any air pollution control equipment used with incinerators.:

* Describe any liquid waste (Example: wash water, spilled product):

* Describe means of disposal for liquid waste (Example: commercial sewer, septic system):

* Describe operational noise sources :

WATER QUALITY INFORMATION

Enter "Not Applicable" as needed

*Describe activity to be conducted:

*Describe any liquid waste released into navigable waters:

*Provide beginning and ending dates for the release:

*Decribe how you will monitor the quality and characteristics of the discharge:

DSP EQUIPMENT

Select "Add a Row" to list all stills, tanks and condensers used in production, storage and processing of distilled spirits, wine, denatured spirits and articles.

*Type of Equipment: --Select--

If other equipment, please describe:

* Serial Number:

Capacity:

Kind of Still: --Select--

If other still, please describe:

How Used/Intended Use: --Select--

Submit Cancel

NON-CONTIGUOUS LOCATIONS

Select "Add a Row" for each non-contiguous premises. The non-contiguous premises must be a continuation of the existing premises and must not be a stand alone operation.

*Non-contiguous Location Address:

*Description of Non-contiguous Premises:

*Distance from the Primary Operation in miles:

*Description of proposed Operation(s):

Submit Cancel

DSP BOND

A Distilled Spirits Bond (TTB F 5110.56) with sufficient coverage is required. Click here to determine the amount needed for the operation(s) being conducted. Select "Add a Row" to enter the information from the Distilled Spirits Bond.

*Type of Bond: --Select--

*Bond Kind: --Select--

*Effective Date of Bond:

Operations Coverage: 0

Withdrawal Coverage: 0

*Amount of Bond: 0

*Bond Category: --Select--

If Surety - Surety Name:

If Surety - Bond Number:

If T-Note or T-Bond - CUSIP Number:

If T-Note or T-Bond - Interest Rate:

If T-Note or T-Bond - Maturity Date:

If T-Note or T-Bond - Issue Date:

☐ Operations Coverage - Distiller

☐ Operations Coverage - Warehouseman

☐ Operations Coverage - Processor

☐ Operations Coverage - Adjacent Bonded Wine Cellar

*Execution Date:

Submit Cancel

RELATED BONDS AND PERMITS

Select "Add a Row" for each regulated Alcohol operation of the same ownership at this location.

*Commodity Type: --Select--

Bond Form: --Select--

Bond Category: --Select--

Surety Name if Applicable:

Amount:

Permit Number:

Registry Number:

Submit Cancel

TRANSFER IN BOND

Select "Add a Row " if you will receive bulk spirits and/or denatured spirits in bond from another domestic distilled spirits plant or alcohol fuel producer. You must hold a current bond with sufficient operation coverage to cover the tax on the spirits and/or denatured spirits being transferred.

Note: Once approved a transfer in bond form will be generated and attached to your application. A copy should be supplied to the company who transferred the spirits.

* Serial Number:

☐ To be Transferred - Spirits

☐ To be Transferred - Denatured Spirits

* Permit/Registry Number of Shipper:

* Premise Address of Shipper:

* Company Name of Shipper:

Approval Date of Receiver Bond:

* Do you have maximum bond coverage?: ○ Yes ○ No

Amount of Operations Coverage:

Quantity of Spirits Transferred:

Quantity of Denatured Spirits Transferred:

Comments:

* Name and Title of Authorized Person for Receiving Plant:

×

CONSENT OF SURETY

Select "Add a Row " for each operation you plan to conduct that is not covered under your bond. Click here for a list of examples that will require a Change in Bond (Consent of Surety) NOTE: A TTB Form 5000.18, Change Inf Bond (Consent of Surety), must be completed and uploaded. ENTER THE INFORMATION BELOW FROM THE BOND THAT YOU ARE REQUESTING AN EXTENSION OF THE TERMS.

What is the corporate surety, if any, listed on the bond that you are changing?:

What is the form number of the bond that you are changing?: --Select--

What is the dollar amount of the bond that you are changing?:

What is the effective date of the bond that you are changing?:

What is the effective date of this change in bond?:

We are changing the above bond as follows::

Submit Cancel

STATEMENTS AND DOCUMENTS

Based on the answers that you provided, TTB has compiled a list of supporting documents that must be submitted with this application. Every document identified must be uploaded to this application within 15 days from the date you submitted to TTB or your application will be abandoned.

WARNING: Any information added within this Section will NOT be saved if you place the application in a Save and Resume Status. Therefore, we recommend you to wait to complete this section until you are ready to submit the application.

If a document is on file with a previous submission, click ACTIONS and select EDIT to change your Method of Submission.

Showing 1-5 of 5

Document Type	Document Type if Other	Comments	Method of Submission	Permit, Registry or Tracking Number if on file with TTB	
Lease Agreement or Proof of Property Ownership			Uploaded		Actions
Source of Funds Documentation			Uploaded		Actions
Diagram, Plant or Plan			Uploaded		Actions
Meeting Minutes			Uploaded		Actions
Bond Form			Uploaded		Actions

Add a Row | Edit Selected | Delete Selected

Attachment

Click "Browse" to search your computer for each of the required documents that need to be uploaded. Completing this section will require you to have previously saved each document on your computer.

Users running Apple OS X 10.6.8 or later should click here for instructions to provide their supporting documents.

WARNING: You will be required to select a document "TYPE" and "Description" of each uploaded document. You MUST select the SAVE button at the bottom of this screen BEFORE clicking the Continue Application button to ensure all the uploaded documents are successfully attached to your application.

Attachment List

Files can be up to 16MB in size. Acceptable file types include .doc, .docx, .pdf, .jpg, .xls, .xlsx

Name	Type	Size	Date	Action
No records found.				

Browse

YOUR DECLARATION

You must check the associated box to indicate that you declare, under penalties of perjury, that you have examined this application and that it is true, correct, and complete to the best of your knowledge and belief. The date that you check the box signifying this declaration will be auto-filled into the field provided.

I understand that I may not produce or receive product until the premises and operations are approved by the Director, National Revenue Center.

*Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete.: ☐

*Declaration Date:

Continue Application »

Save and resume later:

➢ OWNER OFFICER INFORMATION APPLICATION

Officer-Owner

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

*First Name: Middle Name: s *Last Name:

Position/Title:

Address: 550 main street

*City: cincinnati *State: OH *Zip: 45202-

Country: United States

*Primary Phone: Alternate Phone: Fax:

E-mail:

*SSN: ***-**-3333 *Gender: ◉ Female ○ Male *Birth Date: 01/01/2001

Clear

Continue Application » Save and resume later:

Applicaton Information

BASIC INFORMATION

Identify each person's or company's name (including other businesses) who: - Is a director, an officer, a partner, or the sole proprietor. - Owns more than 10 percent of the outstanding stock of the applicant. - Directs the management and policies for purchasing, selling, or using firearms or ammunition of the business or organization.

Permit - Registry Application Tracking Number (If Known)::

*Name Usually Used: E

*Have you ever been known by any other name (include nicknames, aliases)?: ○ Yes ◉ No

Other Names Used (Maiden name, nicknames, aliases):

If a married woman, give full maiden name:

If a married woman, give date of marriage:

*Place of Birth City: E

*Place of Birth State: FR

*Are you a US Citizen?: ◉ Yes ○ No

*Have you lived outside of the United States within the past 10 years?: ○ Yes ◉ No

*1. Have you ever been arrested for any violation of any Federal or State law relating to liquor or tobacco products?: ○ Yes ◉ No

If YES to question 1 - explain (Charges for minor traffic violations need not be reported)::

*2. Have you ever been arrested for violation on any other Federal or State Law?: ○ Yes ◉ No

If YES to question 2 - explain (Charges for minor traffic violations need not be reported):

*3. Have you ever been convicted of any felony or misdemeanor under Federal or State Law?: ○ Yes ◉ No

If YES to question 3 - explain (Charges for minor traffic violations need not be reported):

*4. Has disapproval ever been given to any application or notice of intention to manufacture, use, store, rectify, bottle, distribute, sell, import, or transport alcohol, denatured spirits, distilled spirits, beer, wines, or tobacco products filed by you or any firm or corporation of which you were proprietor or a partner, officer, director, principal stockholder, or responsible employee?: ○ Yes ◉ No

If YES to question 4 - State name under which application was filed and reasons for disapproval:

AMENDED INFORMATION

*Is this application being completed in conjunction with an amended permit or registration?: ○ Yes ◉ No

1. Has this person ever been arrested for, charged with, or convicted of, any crime under Federal, State, or Foreign Laws other than misdemeanor traffic violations or convictions that are not felonies under Federal or State law?: ○ Yes ○ No

If Yes, state the details:

2. Has this person ever been denied a permit, license or other authorization to engage in any business to manufacture, distribute, import, sell or use alcohol (beverage or non beverage), tobacco products or a registration to sell, manufacture, produce, import, export, purchase or use firearms or ammunition products by any government (Federal, State, local or foreign) agency or had such permit, license, registration or other authorization revoked, suspended or otherwise terminated?: ○ Yes ○ No

If Yes, State the details:

SUPPLEMENTAL INFORMATION

You are required to complete this section if you meet one of the following criteria:

- You are applying for at least one of the following:
  - Brewers Notice or
  - Distilled Spirits Plants permit or
  - Any Tobacco Permit

  OR

- You *are not* a United States citizen.

  OR

- You *are* a United States citizen **and** you
  - Have lived outside of the United States within the past ten years. (**You are exempt from this requirement if your residency outside of the United States within the past ten years was due to serving the United States armed forces.)

5. Are you rated by any Commercial Credit Reporting Agency?: ◯ Yes ◯ No

If YES to question 5, give name and address of agency and details of Rating:

Height (Ft):

Height (In):

Weight:

Color of Hair:

Color of Eyes:

Fathers Name:

Mothers Maiden Name:

6. Have you ever been compromised, by payment of penalties or otherwise, for any violation on and Federal law relating to internal revenue or customs taxation of distilled spirits, wines, beer, tobacco products, firearms or ammunition products?: ◯ Yes ◯ No

If YES to question 6 - explain:

If Naturalized, give Date and Location where Naturalization papers were issued:

If not a US citizen, give current citizenship status:

If not US Citizen, give Country of Citizenship: --Select--

7. Have you as an individual or in connection with a partnership, firm, or corporation ever been connected with a Federal permit or approved notice to manufacture, use, store, rectify, bottle, distribute, sell, deal in, import, or transport alcohol, denatured spirits, distilled spirits, beer, wines, tobacco products or with a Federal registration to sell, manufacture, produce, import, export, purchase or use firearms or ammunition products?: ○ Yes ○ No

If YES to question 7. Permit Number, if known:

Period Covered:

Name and Address under which permit was issued:

If discontinued, when and why?:

If revoked, was settlement made of civil liabilities incurred thereunder?: ○ Yes ○ No

If yes, when?:

If no liabilities, so state:

8. Have you ever been or are you now employed by any person, firm or corporation manufacturing or exporting tax-exempt tobacco products; producing, storing, rectifying, bottling, selling, importing or dealing in distilled spirits, wines, beer, alcohol or denatured spirits; using or distributing denatured spirits; using (other than for personal use) distilled spirits or alcohol or selling, manufacturing, producing, importing or exporting tobacco products or purchasing or using firearms or ammunition products?: ○ Yes ○ No

If YES to question 8 when Employed?:

In What Capacity:

Name and Address of Person, Firm or Corporation:

Remarks:

Continue Application »

Save and resume later:

×

EMPLOYMENT INFORMATION

You are required to complete this section if you meet one of the following criteria:

- You are applying for at least one of the following:
  - Brewers Notice **or**
  - Distilled Spirits Plants permit **or**
  - Any Tobacco Permit

  OR

- You *are not* a United States citizen.

  OR

- You *are* a United States citizen **and** you
  - Have lived outside of the United States within the past ten years. (**You are exempt from this requirement if your residency outside of the United States within the past ten years was due to serving the United States armed forces.)

*From: To: *Position:

*Name of Employer (Include Self Employment): *Address of Employer (Include Self Employment):

Submit Cancel

×

BANK REFERENCE INFORMATION

You are required to complete this section if you meet one of the following criteria:

- You are applying for at least one of the following:
  - Brewers Notice **or**
  - Distilled Spirits Plants permit **or**
  - Any Tobacco Permit

OR

- You *are not* a United States citizen.

OR

- You *are* a United States citizen **and** you
  - Have lived outside of the United States within the past ten years. (**You are exempt from this requirement if your residency outside of the United States within the past ten years was due to serving the United States armed forces.)

If required, you must provide at minimum one (1) Bank Reference:

- References provided should be able to speak to your character and business responsibility.
- **Do not include any relatives or employers listed in other areas of this application.**

*Bank Name:

*Bank Reference:

*Bank Address:

*Phone:

CHARACTER - BUSINESS REFERENCE

You are required to complete this section if you meet one of the following criteria:

- You are applying for at least one of the following:
  - Brewers Notice or
  - Distilled Spirits Plants permit or
  - Any Tobacco Permit

  OR

- You *are not* a United States citizen.

  OR

- You *are* a United States citizen **and** you
  - Have lived outside of the United States within the past ten years. (**You are exempt from this requirement if your residency outside of the United States within the past ten years was due to serving the United States armed forces.)

If required, you must provide at minimum four (4) Character - Business References:

- References provided should be able to speak to your character and business responsibility.
- **Do not include any relatives or employers listed in other areas of this application.**

*Name of Reference:

*Home Address:

*Home Phone:

Business Name:

Business Address:

Business Phone:

RESIDENCE INFORMATION

ALL Applicants are required to complete this section

- If, you *are not* a United States citizen, or
- If, you *are* a United States citizen and you *have* lived outside of the United States within the past ten years
  - **You must provide residence information for the past ten (10) years.**

  OR

- If, you *are* a United States citizen and you have *not* lived outside of the United States within the past ten years
  - **You must provide residence information for the past five (5) years.**

*From:

To:

*Address:

Submit

Cancel

➢ SDS – DEALER

* indicates a required field.

Application Contact

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

*First Name: Middle Name: *Last Name:

Position/Title:

Business Name:

Address:

*City: *State: --Select-- *Zip:

Country: --Select--

*Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Business Headquarters

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

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Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

*Business Name:

*Employer Identification Number

Address:

*City:

* State: --Select--

*Zip:

Country: --Select--

*Primary Phone:

Alternate Phone:

Fax:

E-mail:

Clear

Continue Application »

Save and resume later:

Premise Address

This section pertains to the physical location and address where your approved operations will take place.

Street #: | Fraction: | Direction: --Select-- | * Street Name: | Type: --Select-- | Suffix: --Selec

Unit Type: --Select-- | Unit No.:

Rural Address:

Other Address:

* City: | * State: --Select-- | * Zip: | County:

* Premise Contact Name: | * Premise Phone Number:

Continue Application » | Save and resume later:

Mailing Address

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

Business Name:

First Name: Middle Name: Last Name:

*Address:

P.O. Box:

*City: *State: --Select-- *Zip:

Country: --Select--

Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Continue Application »

Save and resume later:

SDS DEALER OPERATION INFO

Specially Denatured Alcohol Dealer Operation Information

*Give the estimated withdrawal amount of specially denatured spirits measured in wine gallons you intend to use annually?:

*Purpose for which spirits will be used:

*Describe your alcohol storage area and measures taken to prevent unauthorized access:

REASON FOR THE APPLICATION

Indicate whether this Original Application is being filed due to a New Business, a Change of Proprietorship, or a Change in General Partner(s) by checking the appropriate box.

New Business: *

Change of Proprietorship - Ownership: *

Change of General Partner(s): *

Permit Number(s) of Predecessor:

Name and Address of Predecessor:

APPLICATION INFORMATION

*Type of Organization: --Select--

Doing Business As/Operating Name:

*List the individual(s) who will be directly responsible for the alcohol:

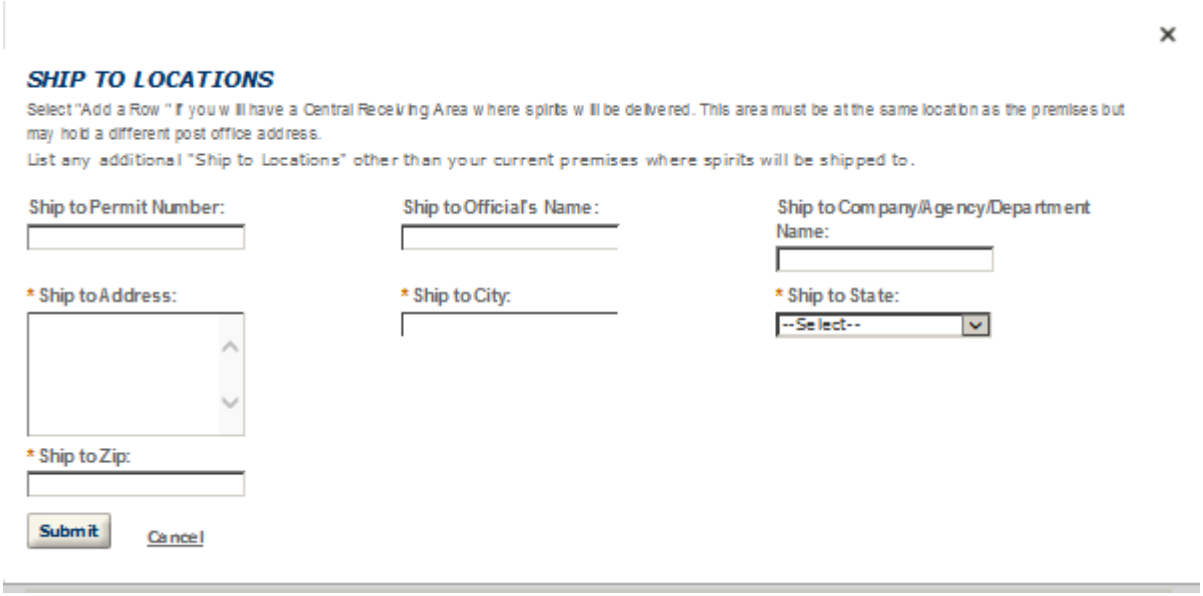
State Where Incorporated: --Select--

Start Date for New Business Upon Approval by TTB: *

Date of Change: *

Continue Application »

Save and resume later:



×

SHIP TO LOCATIONS

Select "Add a Row " if you will have a Central Receiving Area where spirits will be delivered. This area must be at the same location as the premises but may hold a different post office address.

List any additional "Ship to Locations" other than your current premises where spirits will be shipped to.

Ship to Permit Number:

Ship to Official's Name:

Ship to Company/Agency/Department Name:

* Ship to Address:

* Ship to City:

* Ship to State:

--Select--

* Ship to Zip:

Submit

Cancel

OFFICER/OWNERSHIP INFORMATION

Important! Ownership percentage should equal 100%. Select "Add a Row" to enter additional individuals, companies and/or trusts.

This information must be provided for every stockholder holding 10% or more, Sole Proprietor, Partner, Officer, Director, Trustee, Member and/or Managing Member as well as for any Company or Trust holding ownership in the Company.

*How is Officer/Owner Info Submitted?: --Select--

Officer/Owner Info Tracking No.:

*Officer/Owner Classification: --Select--

EIN:

First Name:

Middle Name:

Last Name:

Suffix: --Select--

Email Address:

Primary Title: --Select--

List Additional Titles:

Title if Other:

*Description of Duties or Relation to the Proposed Operation:

Company Name:

Trust Name:

*Percent Voting-Stock-Interest:

*Investment in Business:

*Financial Institution: Name, City and State:

*Source of Funds (SOF) Description:

*How is SOF Documentation Submitted?: --Select--

Submit Cancel

SIGNING AUTHORITY

Select "Add a Row" for each employee of the company who has the authority to sign and/act on behalf of your company. Authority can be granted by title or individual.

Be sure to include anyone who will be a registered user for COLAs and Formulas Online. Please note: Your permit must be APPROVED before you can register for these systems.

*Authority Granted by: --Select--

First Name:

Middle Name:

Last Name:

Suffix: --Select--

Title: --Select--

Title if Other:

*Source of Authority: --Select--

Type of Board Meeting: --Select--

Date of Meeting:

*Type: --Select--

If Limited, Signing Authority Capacity:

*Effective Date:

Is this person authorized to prepare or review label submissions?: Yes No

Is this person authorized to submit labels for approval?: Yes No

Is this person authorized to prepare or review formula submissions?: Yes No

Is this person authorized to submit formulas for approval?: Yes No

Does this person already have a COLAs Online and/or Formulas Online account with TTB?: Yes No

Phone Number:

Street:

City:

State: --Select--

Zip:

Email Address:

Submit Cancel

POWER OF ATTORNEY INFORMATION

Select "Add a Row " for each non-employee of the company you are granting the authority to sign or act on your behalf. Be sure to include anyone who will be a registered user for COLAs and Formulas Online. Please note: Your permit must be APPROVED before you can register for these systems.

*First Name:

Middle Name:

*Last Name:

Suffix:
--Select--

*Address:

*Phone Area Code:

*Phone:

Phone Extension:

Fax Area Code:

Fax Number:

Email:

*Type:
--Select--

If Limited, Specific Powers to be Conferred:

*Effective Date:

Is this person authorized to prepare or review label submissions?:
Yes No

Is this person authorized to submit labels for approval?:
Yes No

Is this person authorized to prepare or review formula submissions?:
Yes No

Is this person authorized to submit formulas for approval?:
Yes No

Does this person already have a COLAs Online and/or Formulas Online account with TTB?:
Yes No

Submit Cancel

REQUEST FOR VARIANCE

Select "Add a Row " for each Request for Alternate Method (Variance Request) or Request for Special Permission/Authorization. A letterhead notice must be uploaded for each request.

*Variance, Alternate Method, Special Permission Type:
--Select--

*Description of Request:

Submit Cancel

Application Info

STATEMENTS AND DOCUMENTS

Based on the answers that you provided, TTB has compiled a list of supporting documents that must be submitted with this application. Every document identified must be uploaded to this application within 15 days from the date you submitted to TTB or your application will be abandoned.

WARNING: Any information added within this Section will NOT be saved if you place the application in a Save and Resume Status. Therefore, we recommend you to wait to complete this section until you are ready to submit the application.

If a document is on file with a previous submission, click ACTIONS and select EDIT to change your Method of Submission.

Showing 1-1 of 1

Document Type	Document Type If Other	Comments	Method of Submission	Permit, Registry or Tracking Number if on file with TTB	
Meeting Minutes			Uploaded		Actions

Add a Row | Edit Selected | Delete Selected

Attachment

Click "Browse" to search your computer for each of the required documents that need to be uploaded. Completing this section will require you to have previously saved each document on your computer.

Users running Apple OS X 10.6.8 or later should click here for instructions to provide their supporting documents.

WARNING: You will be required to select a document "TYPE" and "Description" of each uploaded document. You MUST select the SAVE button at the bottom of this screen BEFORE clicking the Continue Application button to ensure all the uploaded documents are successfully attached to your application.

Attachment List

Files can be up to 16MB in size. Acceptable file types include .doc, .docx, .pdf, .jpg, .xls, .xlsx

Name	Type	Size	Date	Action
No records found.				

Browse

Continue Application » Save and resume later:

YOUR DECLARATION

You must check the associated box to indicate that you declare, under penalties of perjury, that you have examined this application and that it is true, correct, and complete to the best of your knowledge and belief. The date that you check the box signifying this declaration will be auto-filled into the field provided.

I understand that I may not produce or receive product until the premises and operations are approved by the Director, National Revenue Center.

*Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete.:

*Declaration Date:

Continue Application » Save and resume later:

➢ SDS – USER

* indicates a required field.

Application Contact

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

*First Name: Middle Name: *Last Name:

Position/Title:

Business Name:

Address:

*City: *State: --Select-- *Zip:

Country: --Select--

*Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Business Headquarters

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

*Business Name:

*Employer Identification Number

Address:

*City:

*State: --Select--

*Zip:

Country: --Select--

*Primary Phone:

Alternate Phone:

Fax:

E-mail:

Clear

Continue Application »

Save and resume later:

Premise Address

This section pertains to the physical location and address where your approved operations will take place.

Street #: | Fraction: | Direction: --Select-- | * Street Name: | Type: --Select-- | Suffix: --Select--

Unit Type: --Select-- | Unit No.:

Rural Address:

Other Address:

* City: | * State: --Select-- | * Zip: | County:

* Premise Contact Name: | * Premise Phone Number:

Continue Application » | Save and resume later:

Mailing Address

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

Business Name:

First Name: Middle Name: Last Name:

*Address:

P.O. Box:

*City: *State: --Select-- *Zip:

Country: --Select--

Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Continue Application »

Save and resume later:

SDS USER OPERATION INFO

*Give the estimated withdrawal amount of specially denatured spirits measured in wine gallons you intend to use annually?:

*Purpose for which spirits will be used:

*Will "Article(s)" be recovered containing specially denatured spirits?: ○ Yes ○ No

List of equipment used in the recovery process:

*Describe your alcohol storage area and measures taken to prevent unauthorized access:

REASON FOR THE APPLICATION

Indicate whether this Original Application is being filed due to a New Business, a Change of Proprietorship, or a Change in General Partner(s) by checking the appropriate box.

New Business: * ☐

Change of Proprietorship - Ownership: * ☐

Change of General Partner(s): * ☐

Permit Number(s) of Predecessor:

Name and Address of Predecessor:

APPLICATION INFORMATION

*Type of Organization: --Select--

Doing Business As/Operating Name:

*List the individual(s) who will be directly responsible for the alcohol:

State Where Incorporated: --Select--

Start Date for New Business Upon Approval by TTB: * ☐

Date of Change: *

ENVIRONMENTAL INFORMATION

Enter "Not Applicable" as needed

*Enter Number of Employees (must be at least one):

*Address of Premises:

*Provide the name of your gas and electric company:

*Describe any air pollution control equipment in connection with heating:

*Describe any solid waste (Example: broken glass, grape must, cardboard):

*Describe means of disposal for solid waste (Example: commercial garbage collection, incineration):

*Describe any air pollution control equipment used with incinerators.:

*Describe any liquid waste (Example: wash water, spilled product):

*Describe means of disposal for liquid waste (Example: commercial sewer, septic system):

*Describe operational noise sources :

WATER QUALITY INFORMATION

Enter "Not Applicable" as needed

* Describe activity to be conducted:

* Describe any liquid waste released into navigable waters:

* Provide beginning and ending dates for the release:

* Decribe how you will monitor the quality and characteristics of the discharge:

SHIP TO LOCATIONS

Select "Add a Row " if you will have a Central Receiving Area where spirits will be delivered. This area must be at the same location as the premises but may hold a different post office address.

List any additional "Ship to Locations" other than your current premises where spirits will be shipped to.

Ship to Permit Number:

Ship to Official's Name:

Ship to Company/Agency/Department Name:

* Ship to Address:

* Ship to City:

* Ship to State:

--Select--

* Ship to Zip:

Submit Cancel

×

ADDITIONAL USE LOCATIONS

Select "Add a Row" if you are a **state agency, political subdivisions** thereof, or the **District of Columbia** and will have multiple use locations. List the name of each building and addresses where the alcohol will be used. **Note:** The withdrawal amount listed on your permit will need to be sufficient to cover all additional locations.

List any additional "Use Locations" other than your current premises where spirits will be used.

*Use Address:

*Use City:

*Use State: --Select--

*Use Zip:

Submit Cancel

OFFICER/OWNERSHIP INFORMATION

Important! Ownership percentage should equal 100%. Select "Add a Row" to enter additional individuals, companies and/or trusts.

This information must be provided for every stockholder holding 10% or more, Sole Proprietor, Partner, Officer, Director, Trustee, Member and/or Managing Member as well as for any Company or Trust holding ownership in the Company.

*How is Officer/Owner Info Submitted?: --Select--

Officer/Owner Info Tracking No.:

*Officer/Owner Classification: --Select--

EIN:

First Name:

Middle Name:

Last Name:

Suffix: --Select--

Email Address:

Primary Title: --Select--

List Additional Titles:

Title if Other:

*Description of Duties or Relation to the Proposed Operation:

Company Name:

Trust Name:

*Percent Voting-Stock-Interest: Percentage of Stock Interes

*Investment in Business: Dollar amount invested in t

*Financial Institution: Name, City and State:

*Source of Funds (SOF) Description: Provide be source of investment

*How is SOF Documentation Submitted?: --Select--

SIGNING AUTHORITY

Select "Add a Row " for each employee of the company who has the authority to sign and/act on behalf of your company . Authority can be granted by title or individual.

Be sure to include anyone who will be a registered user for COLAs and Formulas Online. Please note: Your permit must be APPROVED before you can register for these systems.

*Authority Granted by: --Select--

First Name:

Middle Name:

Last Name:

Suffix: --Select--

Title: --Select--

Title if Other:

* Source of Authority: --Select--

Type of Board Meeting: --Select--

Date of Meeting:

*Type: --Select--

If Limited, Signing Authority Capacity:

* Effective Date:

Is this person authorized to prepare or review label submissions?: ○ Yes ○ No

Is this person authorized to submit labels for approval?: ○ Yes ○ No

Is this person authorized to prepare or review formula submissions?: ○ Yes ○ No

Is this person authorized to submit formulas for approval?: ○ Yes ○ No

Does this person already have a COLAs Online and/or Formulas Online account with TTB?: ○ Yes ○ No

Phone Number:

Street:

City:

State: --Select--

Zip:

Email Address:

Submit Cancel

×

POWER OF ATTORNEY INFORMATION

Select "Add a Row " for each non-employee of the company you are granting the authority to sign or act on your behalf. Be sure to include anyone who will be a registered user for COLAs and Formulas Online. Please note: Your permit must be APPROVED before you can register for these systems.

*First Name:

Middle Name:

*Last Name:

Suffix: --Select--

*Address:

*Phone Area Code:

*Phone:

Phone Extension:

Fax Area Code:

Fax Number:

Email:

*Type: --Select--

If Limited, Specific Powers to be Conferred:

*Effective Date:

Is this person authorized to prepare or review label submissions?: ○ Yes ○ No

Is this person authorized to submit labels for approval?: ○ Yes ○ No

Is this person authorized to prepare or review formula submissions?: ○ Yes ○ No

Is this person authorized to submit formulas for approval?: ○ Yes ○ No

Does this person already have a COLAs Online and/or Formulas Online account with TTB?: ○ Yes ○ No

Submit Cancel

×

REQUEST FOR VARIANCE

Select "Add a Row " for each Request for Alternate Method (Variance Request) or Request for Special Permission/Authorization. A letterhead notice must be uploaded for each request.

*Variance, Alternate Method, Special Permission Type: --Select--

*Description of Request:

Submit Cancel

STATEMENTS AND DOCUMENTS

Based on the answers that you provided, TTB has compiled a list of supporting documents that must be submitted with this application. Every document identified must be uploaded to this application within 15 days from the date you submitted to TTB or your application will be abandoned.

WARNING: Any information added within this Section will NOT be saved if you place the application in a Save and Resume Status. Therefore, we recommend you to wait to complete this section until you are ready to submit the application.

If a document is on file with a previous submission, click ACTIONS and select EDIT to change your Method of Submission.

Showing 1-1 of 1

Document Type	Document Type if Other	Comments	Method of Submission	Permit, Registry or Tracking Number if on file with TTB	
Organizational Documents			Uploaded		Actions

Add a Row | Edit Selected | Delete Selected

Attachment

Click "Browse" to search your computer for each of the required documents that need to be uploaded. Completing this section will require you to have previously saved each document on your computer.

Users running Apple OS X 10.6.8 or later should click here for instructions to provide their supporting documents.

WARNING: You will be required to select a document "TYPE" and "Description" of each uploaded document. You MUST select the SAVE button at the bottom of this screen BEFORE clicking the Continue Application button to ensure all the uploaded documents are successfully attached to your application.

Attachment List

Files can be up to 16MB in size. Acceptable file types include .doc, .docx, .pdf, .jpg, .xls, .xlsx

Name	Type	Size	Date	Action
No records found.				

Browse

Continue Application » Save and resume later:

YOUR DECLARATION

You must check the associated box to indicate that you declare, under penalties of perjury, that you have examined this application and that it is true, correct, and complete to the best of your knowledge and belief. The date that you check the box signifying this declaration will be auto-filled into the field provided.

I understand that I may not produce or receive product until the premises and operations are approved by the Director, National Revenue Center.

* Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete.:

* Declaration Date:

Continue Application » Save and resume later:

➢ SPIRITS FOR USE BY US GOV

Application Contact

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

*First Name: Middle Name: *Last Name:

Position/Title:

Business Name:

Address:

*City: *State: --Select-- *Zip:

Country: --Select--

*Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Business Headquarters

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

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Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

*Business Name:

*Employer Identification Number

Address:

*City:

* State: --Select--

*Zip:

Country: --Select--

*Primary Phone:

Alternate Phone:

Fax:

E-mail:

Clear

Continue Application »

Save and resume later:

Premise Address

This section pertains to the physical location and address where your approved operations will take place.

Street #: Fraction: Direction: --Select-- * Street Name: Type: --Select-- Suffix: --Select--

Unit Type: --Select-- Unit No.:

Rural Address:

Other Address:

*City: * State: --Select-- *Zip: County:

*Premise Contact Name: *Premise Phone Number:

Continue Application » Save and resume later:

* indicates a required field.

Mailing Address

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

Business Name:

First Name: Middle Name: Last Name:

*Address:

P.O. Box:

*City: *State: --Select-- *Zip:

Country: --Select--

Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Continue Application »

Save and resume later:

US GOVERNMENT OPERATION TYPE

Spirits, free of tax, from any qualified distilled spirits plant for non-beverage purposes.: ☐

Specially denatured spirits from any qualified distilled spirits plant or qualified specially denatured dealer.: ☐

Continue Application »

Save and resume later:

×

SHIP TO LOCATIONS

Select "Add a Row " if you will have a Central Receiving Area where spirits will be delivered. This area must be at the same location as the premises but may hold a different post office address.
List any additional "Ship to Locations" other than your current premises where spirits will be shipped to.

Ship to Permit Number:

* Ship to Official's Name:

* Ship to Company/Agency/Department Name:

* Ship to Address:

* Ship to City:

* Ship to State:
--Select--

* Ship to Zip:

Submit Cancel

YOUR DECLARATION

You must check the associated box to indicate that you declare, under penalties of perjury, that you have examined this application and that it is true, correct, and complete to the best of your knowledge and belief. The date that you check the box signifying this declaration will be auto-filled into the field provided.

I understand that I may not produce or receive product until the premises and operations are approved by the Director, National Revenue Center.

* Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete.:

* Declaration Date:

Continue Application » Save and resume later:

➢ TAX FREE ALCOHOL USERS

Application Contact

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

* First Name: Middle Name: * Last Name:

Position/Title:

Business Name:

Address:

* City: * State: --Select-- * Zip:

Country: --Select--

* Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Business Headquarters

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

*Business Name:

*Employer Identification Number

Address:

*City:

*State: --Select--

*Zip:

Country: --Select--

*Primary Phone:

Alternate Phone:

Fax:

E-mail:

Clear

Continue Application »

Save and resume later:

Premise Address

This section pertains to the physical location and address where your approved operations will take place.

Street #: | Fraction: | Direction: --Select-- | * Street Name: | Type: --Select-- | Suffix: --Select--

Unit Type: --Select-- | Unit No.:

Rural Address:

Other Address:

* City: | * State: --Select-- | * Zip: | County:

* Premise Contact Name: | * Premise Phone Number:

Continue Application » | Save and resume later:

Mailing Address

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

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Mailing Address: Provide the address where your mail is received.

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☐ Auto-fill with

Business Name:

First Name: Middle Name: Last Name:

*Address:

P.O. Box:

*City: *State: --Select-- *Zip:

Country: --Select--

Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Continue Application »

Save and resume later:

REASON FOR THE APPLICATION

Indicate whether this Original Application is being filed due to a New Business, a Change of Proprietorship, or a Change in General Partner(s) by checking t appropriate box.

New Business: * ☐

Change of Proprietorship - Ownership: * ☐

Change of General Partner(s): * ☐

Permit Number(s) of Predecessor:

Name and Address of Predecessor:

APPLICATION INFORMATION

*Type of Organization: --Select--

Doing Business As/Operating Name:

*List the individual(s) who will be directly responsible for the alcohol:

State Where Incorporated: --Select--

Start Date for New Business Upon Approval by TTB: * ☐

Date of Change: *

TAX FREE OPERATION INFORMATION

*What is the estimated annual withdrawal amount of tax free alcohol in proof gallons you intend to use?:

* Select from the following how the tax free alcohol will be used: --Select--

If Other, describe in detail:

* Describe how the tax free alcohol will be used, if for research purposes; give the objectives of the research:

*Will the findings be published?: Yes No

*Will the tax-free alcohol be used in any product that will be sold?: Yes No

*Will the tax free alcohol be used in any way that will make a profit?: Yes No

*Will any tax-free alcohol be Recovered?: Yes No

List of Equipment Used in Recovery:

* Describe your alcohol storage area and measures taken to prevent unauthorized access:

Continue Application »

Save and resume later:

×

SHIP TO LOCATIONS

Select "Add a Row" if you will have a Central Receiving Area where spirits will be delivered. This area must be at the same location as the premises but may hold a different post office address.

List any additional "Ship to Locations" other than your current premises where spirits will be shipped to.

Ship to Permit Number:

Ship to Official's Name:

Ship to Company/Agency/Department Name:

* Ship to Address:

* Ship to City:

* Ship to State: --Select--

* Ship to Zip:

Submit Cancel

ADDITIONAL USE LOCATIONS

Select "Add a Row" if you are a **State agency**, **political subdivisions** thereof, or the **District of Columbia** and will have multiple use locations. List the name of each building and addresses where the alcohol will be used. **Note:** The withdrawal amount listed on your permit will need to be sufficient to cover all additional locations.

List any additional "Use Locations" other than your current premises where spirits will be used.

*Use Address:

*Use City:

*Use State: --Select--

*Use Zip:

Submit Cancel

OFFICER/OWNERSHIP INFORMATION

Important! Ownership percentage should equal 100%. Select "Add a Row" to enter additional individuals, companies and/or trusts.

This information must be provided for every stockholder holding 10% or more, Sole Proprietor, Partner, Officer, Director, Trustee, Member and/or Managing Member as well as for any Company or Trust holding ownership in the Company.

*How is Officer/Owner Info Submitted?: --Select--

Officer/Owner Info Tracking No.:

*Officer/Owner Classification: --Select--

EIN:

First Name:

Middle Name:

Last Name:

Suffix: --Select--

Email Address:

Primary Title: --Select--

List Additional Titles:

Title if Other:

*Description of Duties or Relation to the Proposed Operation:

Company Name:

Trust Name:

*Percent Voting-Stock-Interest: Percentage of Stock Interes

*Investment in Business: Dollar amount invested in B

*Financial Institution: Name, City and State:

*Source of Funds (SOF) Description: Provide the source of investment

*How is SOF Documentation Submitted?: --Select--

Submit Cancel

SIGNING AUTHORITY

Select "Add a Row " for each employee of the company who has the authority to sign and/act on behalf of your company. Authority can be granted by title or individual.

Be sure to include anyone who will be a registered user for COLAs and Formulas Online. Please note: Your permit must be APPROVED before you can register for these systems.

*Authority Granted by: --Select--

First Name:

Middle Name:

Last Name:

Suffix: --Select--

Title: --Select--

Title if Other:

* Source of Authority: --Select--

Type of Board Meeting: --Select--

Date of Meeting:

*Type: --Select--

If Limited, Signing Authority Capacity:

*Effective Date:

Is this person authorized to prepare or review label submissions?: ○ Yes ○ No

Is this person authorized to submit labels for approval?: ○ Yes ○ No

Is this person authorized to prepare or review formula submissions?: ○ Yes ○ No

Is this person authorized to submit formulas for approval?: ○ Yes ○ No

Does this person already have a COLAs Online and/or Formulas Online account with TTB?: ○ Yes ○ No

Phone Number:

Street:

City:

State: --Select--

Zip:

Email Address:

Submit Cancel

POWER OF ATTORNEY INFORMATION

Select "Add a Row " for each non-employee of the company you are granting the authority to sign or act on your behalf. Be sure to include anyone who will be a registered user for COLAs and Formulas Online. Please note: Your permit must be APPROVED before you can register for these systems.

*First Name:

Middle Name:

*Last Name:

Suffix: --Select--

*Address:

*Phone Area Code:

*Phone:

Phone Extension:

Fax Area Code:

Fax Number:

Email:

*Type: --Select--

If Limited, Specific Powers to be Conferred:

*Effective Date:

Is this person authorized to prepare or review label submissions?: ○ Yes ○ No

Is this person authorized to submit labels for approval?: ○ Yes ○ No

Is this person authorized to prepare or review formula submissions?: ○ Yes ○ No

Is this person authorized to submit formulas for approval?: ○ Yes ○ No

Does this person already have a COLAs Online and/or Formulas Online account with TTB?: ○ Yes ○ No

Submit Cancel

×

REQUEST FOR VARIANCE

Select "Add a Row " for each Request for Alternate Method (Variance Request) or Request for Special Permission/Authorization. A letterhead notice must be uploaded for each request.

*Variance, Alternate Method, Special Permission Type: --Select--

*Description of Request:

Submit Cancel

STATEMENTS AND DOCUMENTS

Based on the answers that you provided, TTB has compiled a list of supporting documents that must be submitted with this application. Every document identified must be uploaded to this application within 15 days from the date you submitted to TTB or your application will be abandoned.

WARNING: Any information added within this Section will NOT be saved if you place the application in a Save and Resume Status. Therefore, we recommend you to wait to complete this section until you are ready to submit the application.

If a document is on file with a previous submission, click ACTIONS and select EDIT to change your Method of Submission.

Showing 1-1 of 1

Document Type	Document Type If Other	Comments	Method of Submission	Permit, Registry or Tracking Number if on file with TTB	
Organizational Documents			Uploaded		Actions

Add a Row | Edit Selected | Delete Selected

Attachment

Click "Browse" to search your computer for each of the required documents that need to be uploaded. Completing this section will require you to have previously saved each document on your computer.

Users running Apple OS X 10.6.8 or later should click here for instructions to provide their supporting documents.

WARNING: You will be required to select a document "TYPE" and "Description" of each uploaded document. You MUST select the SAVE button at the bottom of this screen BEFORE clicking the Continue Application button to ensure all the uploaded documents are successfully attached to your application.

Attachment List

Files can be up to 16MB in size. Acceptable file types include .doc, .docx, .pdf, .jpg, .xls, .xlsx

Name	Type	Size	Date	Action
No records found.				

Browse

Continue Application » Save and resume later:

YOUR DECLARATION

You must check the associated box to indicate that you declare, under penalties of perjury, that you have examined this application and that it is true, correct, and complete to the best of your knowledge and belief. The date that you check the box signifying this declaration will be auto-filled into the field provided.

I understand that I may not produce or receive product until the premises and operations are approved by the Director, National Revenue Center.

*Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete.:

*Declaration Date:

Continue Application » Save and resume later:

➢ WHOLESALER/IMPORTER

Application Contact

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

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Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

* First Name: Middle Name: s * Last Name:

Position/Title:

Business Name: test

Address: 550 main street

* City: cincinnati * State: OH * Zip: 45202-

Country: United States

* Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Business Headquarters

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

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Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

* Business Name: test

Identification Number: 11-1111111

Address: 550 main street

* City: cincinnati

* State: OH

* Zip: 45202-

Country: United States

* Primary Phone:

Alternate Phone:

Fax:

E-mail:

Clear

Premise Address

This section pertains to the physical location and address where your approved operations will take place.

Street #: 550

Fraction:

Direction: --Select--

* Street Name: main

Type: ST

Suffix: --Selei

Unit Type: --Select--

Unit No.:

Rural Address:

Other Address:

* City: cincinnati

* State: OH

* Zip: 45202-1111

County:

* Premise Contact Name:

* Premise Phone Number:

Continue Application »

Save and resume later:

Mailing Address

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

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Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

Business Name:
test

First Name: Middle Name: Last Name:
s

* Address:
550 main street

ox:

* City: * State: * Zip:
cincinnati OH 45202-

Country:

Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Continue Application » Save and resume later:

Application Information

REASON FOR THE APPLICATION

Indicate whether this Original Application is being filed due to a New Business, a Change of Proprietorship, or a Change in General Partner(s) by checking the appropriate box.

New Business: ☑

Change of Proprietorship - Ownership: ☐

Change of General Partner(s): ☐

Permit Number(s) of Predecessor:

Name and Address of Predecessor:

APPLICATION INFORMATION

This information pertains to your business organization and the timing of commencement of your proposed operations.

* Type of Organization: Limited Liability Company

State Where Incorporated: OH

Date of Change:

Start Date for New Business or Change Upon Approval by TTB: * ☑

BUSINESS CONDUCTED - IMPORTING

Select the appropriate option below based on the type(s) of Operations(s) you plan to conduct.

Distilled Spirits:: ☐

Wine:: ☑

Malt Beverages:: ☐

BUSINESS CONDUCTED - WHOLESALE

Select the appropriate option below based on the type(s) of Operation(s) you plan to conduct.

Distilled Spirits: ☐

Wine: ☐

Malt Beverages: ☐

Continue Application »

Save and resume later:

OWNER BACKGROUND INFORMATION

* Has the applicant or any person listed on this application ever been denied a permit, license, or other authorization to engage in any business to manufacture, distribute, import, sell, or use alcohol products (beverage or nonbeverage) by any government agency (Federal, State, local or foreign) or had such a permit, license, or other authorization revoked, suspended, or otherwise terminated?: ○ Yes ◉ No

If yes, provide details:

* Has the applicant or any person listed in this application ever been arrested for, charged with, or convicted of any crime under Federal, State, or Foreign laws other than traffic violations or convictions that are not felonies under Federal or State law.: ○ Yes ◉ No

If yes, provide details including dates, places and final disposition:

OFFICER/OWNERSHIP INFORMATION

Important! Ownership percentage should equal 100%. Select "Add a Row" to enter additional individuals, companies and/or trusts.

This information must be provided for every stockholder holding 10% or more, Sole Proprietor, Partner, Officer, Director, Trustee, Member and/or Managing Member as well as for any Company or Trust holding ownership in the Company.

* How is Officer/Owner Info Submitted?: --Select--

Officer/Owner Info Tracking No.:

* Officer/Owner Classification: --Select--

EIN:

First Name:

Middle Name:

Last Name:

Suffix: --Select--

Email Address:

Primary Title: --Select--

List Additional Titles:

Title if Other:

* Description of Duties or Relation to the Proposed Operation:

Company Name:

Trust Name:

* Percent Voting-Stock-Interest:

* Investment in Business:

* Financial Institution: Name, City and State:

SIGNING AUTHORITY

Select "Add a Row" for each employee of the company who has the authority to sign and/act on behalf of your company. Authority can be granted by title or individual.

Be sure to include anyone who will be a registered user for COLAs and Formulas Online. Please note: Your permit must be APPROVED before you can register for these systems.

*Authority Granted by: --Select--

First Name:

Middle Name:

Last Name:

Suffix: --Select--

Title: --Select--

Title if Other:

* Source of Authority: --Select--

Type of Board Meeting: --Select--

Date of Meeting:

*Type: --Select--

If Limited, Signing Authority Capacity:

*Effective Date:

Is this person authorized to prepare or review label submissions?: Yes No

Is this person authorized to submit labels for approval?: Yes No

Is this person authorized to prepare or review formula submissions?: Yes No

Is this person authorized to submit formulas for approval?: Yes No

Does this person already have a COLAs Online and/or Formulas Online account with TTB?: Yes No

Phone Number:

Street:

City:

State: --Select--

Zip:

Email Address:

Submit

POWER OF ATTORNEY INFORMATION

Select "Add a Row" for each non-employee of the company you are granting the authority to sign or act on your behalf. Be sure to include anyone who will be a registered user for COLAs and Formulas Online. Please note: Your permit must be APPROVED before you can register for these systems.

*First Name:

Middle Name:

*Last Name:

Suffix: --Select--

*Address:

*Phone Area Code:

*Phone:

Phone Extension:

Fax Area Code:

Fax Number:

Email:

*Type: --Select--

If Limited, Specific Powers to be Conferred:

*Effective Date:

Is this person authorized to prepare or review label submissions?: ○ Yes ○ No

Is this person authorized to submit labels for approval?: ○ Yes ○ No

Is this person authorized to prepare or review formula submissions?: ○ Yes ○ No

Is this person authorized to submit formulas for approval?: ○ Yes ○ No

Does this person already have a COLAs Online and/or Formulas Online account with TTB?: ○ Yes ○ No

Submit Cancel

TRADE NAMES / OPERATING NAME

Select "Add a Row" for each trade name you wish to use. Each trade name must be appropriately registered. Click here for general trade name rules. NOTE: You may only select one Operating Name(DBA).

*Type: --Select--

Who will you be Bottling on Account For?:

*Name:

*I certify that the listed trade name has been registered with my County (CA) or State (All States): ○ Yes ○ No

Submit Cancel

REQUEST FOR VARIANCE

Select "Add a Row " for each Request for Alternate Method (Variance Request) or Request for Special Permission/Authorization. A letterhead notice must be uploaded for each request.

*Variance, Alternate Method, Special Permission Type:

--Select--

*Description of Request:

Submit Cancel

STATEMENTS AND DOCUMENTS

Based on the answers that you provided, TTB has compiled a list of supporting documents that must be submitted with this application. Every document identified must be uploaded to this application within 15 days from the date you submitted to TTB or your application will be abandoned.

WARNING: Any information added within this Section will NOT be saved if you place the application in a Save and Resume Status. Therefore, we recommend you to wait to complete this section until you are ready to submit the application.

If a document is on file with a previous submission, click ACTIONS and select EDIT to change your Method of Submission.

Showing 1-2 of 2

Document Type	Document Type if Other	Comments	Method of Submission	Permit, Registry or Tracking Number if on file with TTB	
Letter of Intent From Foreign Supplier			Uploaded		Actions
Meeting Minutes			Uploaded		Actions

Add a Row Edit Selected Delete Selected

Attachment

Click "Browse" to search your computer for each of the required documents that need to be uploaded. Completing this section will require you to have previously saved each document on your computer.

Users running Apple OS X 10.6.8 or later should click here for instructions to provide their supporting documents.

WARNING: You will be required to select a document "TYPE" and "Description" of each uploaded document. You MUST select the SAVE button at the bottom of this screen BEFORE clicking the Continue Application button to ensure all the uploaded documents are successfully attached to your application.

Attachment List

Files can be up to 16MB in size. Acceptable file types include .doc, .docx, .pdf, .jpg, .xls, .xlsx

Name	Type	Size	Date	Action
No records found.				

Browse

Continue Application » Save and resume later:

YOUR DECLARATION

You must check the associated box to indicate that you declare, under penalties of perjury, that you have examined this application and that it is true, correct, and complete to the best of your knowledge and belief. The date that you check the box signifying this declaration will be auto-filled into the field provided.

I understand that I may not produce or receive product until the premises and operations are approved by the Director, National Revenue Center.

*** Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete.:** ☐

*** Declaration Date:**

Continue Application »

Save and resume later:

➢ WINERY

Application Contact

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

* First Name: Middle Name: s * Last Name:

Position/Title:

Business Name: test

Address: 550 main street

* City: cincinnati * State: OH * Zip: 45202-

Country: United States

* Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Business Headquarters

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

* Business Name: test

* Employer Identification Number: 11-1111111

Address: 550 main street

* City: cincinnati

* State: OH

* Zip: 45202-

Country: United States

* Primary Phone:

Alternate Phone:

Fax:

E-mail:

Clear

Premise Address

This section pertains to the physical location and address where your approved operations will take place.

Street #: 550

Fraction:

Direction: --Select--

* Street Name: main

Type: ST

Suffix: --Sele

Unit Type: --Select--

Unit No.:

Rural Address:

Other Address:

* City: cincinnati

* State: OH

* Zip: 45202-1111

County:

* Premise Contact Name:

* Premise Phone Number: 5116846981

Continue Application »

Save and resume later:

Mailing Address

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

Business Name: test

First Name: Middle Name: s Last Name:

* Address: 550 main street

P.O. Box:

* City: cincinnati * State: OH * Zip: 45202-

Country: United States

Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Continue Application »

Save and resume later:

* indicates a required field.

Application Information

REASON FOR THE APPLICATION

Indicate whether this Original Application is being filed due to a New Business, a Change of Proprietorship, or a Change in General Partner(s) by checking the appropriate box.

New Business: * ☐

Change of Proprietorship - Ownership: * ☐

Change of General Partner(s): * ☐

Enter Permit Number of Predecessor:

Enter Name and Address of Predecessor:

APPLICATION INFORMATION

This information pertains to your business organization and the timing of commencement of your proposed operations.

*Type of Organization: --Select--

Doing Business As:

State Where Incorporated/Organized: --Select--

Start Date for New Business Upon Approval by TTB: * ☐

Date of Change: *

Continue Application »

Save and resume later:

APPLICATION TYPE

Please select the ? next to each Application Type before making your selection to ensure you are choosing the correct one. If the application is submitted with an incorrect Application Type, you will have to re-apply to correct the error.

Bonded Winery - Producing and Blending Wine: * ☑

Bonded Winery - Blending Wine Only: ☐

Bonded Wine Cellar and Wine Blender: ☐

Bonded Wine Cellar: ☐

Tax Paid Wine Bottling House: ☐

Cider Producer - Under 7% Alcohol Only: ☐

Continue Application »

Save and resume later:

OWNER BACKGROUND INFORMATION

*Has the applicant or any person listed on this application ever been denied a permit, license, or other authorization to engage in any business to manufacture, distribute, import, sell, or use alcohol products (beverage or nonbeverage) by any government agency (Federal, State, local or foreign) or had such a permit, license, or other authorization revoked, suspended, or otherwise terminated?: ○ Yes ◉ No

If yes, provide details:

*Has the applicant or any person listed in this application ever been arrested for, charged with, or convicted of any crime under Federal, State, or Foreign laws other than traffic violations or convictions that are not felonies under Federal or State law.: ○ Yes ◉ No

If yes, provide details including dates, places and final disposition:

OFFICER/OWNERSHIP INFORMATION

Important! Ownership percentage should equal 100%. Select "Add a Row" to enter additional individuals, companies and/or trusts.

This information must be provided for every stockholder holding 10% or more, Sole Proprietor, Partner, Officer, Director, Trustee, Member and/or Managing Member as well as for any Company or Trust holding ownership in the Company.

*How is Officer/Owner Info Submitted?: --Select--

Officer/Owner Info Tracking No.:

*Officer/Owner Classification: --Select--

EIN:

First Name:

Middle Name:

Last Name:

Suffix: --Select--

Email Address:

Primary Title: --Select--

List Additional Titles:

Title if Other:

*Description of Duties or Relation to the Proposed Operation:

Company Name:

Trust Name:

*Percent Voting-Stock-Interest:

*Investment in Business:

*Financial Institution: Name, City and State:

ALTERNATION OF PREMISES

Select "Add a Row " for each additional commodity type (under the same ownership) being conducted at this location alternating the use of the premises.

*Type of Alternating Operation: --Select--

*Are you alternating with another entity?: ◯ Yes ◯ No

If yes, Name of Alternator:

If yes, Permit Number:

If yes, Registry Number:

Submit Cancel

ALTERNATION OF PROPRIETORS

Select "Add a Row " for each Alternating Proprietor conducting operations at this location.

*Type of Arrangement: --Select--

Host Name:

Host Permit Number:

Host Registry Number:

Tenant Name:

Tenant Permit Number:

Tenant Registry Number:

Co-Tenant Name:

Co-Tenant Permit Number:

Co-Tenant Registry Number:

Submit Cancel

SIGNING AUTHORITY

Select "Add a Row " for each employee of the company who has the authority to sign and/act on behalf of your company. Authority can be granted by title or individual.

Be sure to include anyone who will be a registered user for COLAs and Formulas Online. Please note: Your permit must be APPROVED before you can register for these systems.

*Authority Granted by: --Select--

First Name:

Middle Name:

Last Name:

Suffix: --Select--

Title: --Select--

Title if Other:

* Source of Authority: --Select--

Type of Board Meeting: --Select--

Date of Meeting:

*Type: --Select--

If Limited, Signing Authority Capacity:

*Effective Date:

Is this person authorized to prepare or review label submissions?: ◯ Yes ◯ No

Is this person authorized to submit labels for approval?: ◯ Yes ◯ No

Is this person authorized to prepare or review formula submissions?: ◯ Yes ◯ No

Is this person authorized to submit formulas for approval?: ◯ Yes ◯ No

Does this person already have a COLAs Online and/or Formulas Online account with TTB?: ◯ Yes ◯ No

Phone Number:

Street:

City:

State: --Select--

Zip:

Email Address:

POWER OF ATTORNEY INFORMATION

Select "Add a Row " for each non-employee of the company you are granting the authority to sign or act on your behalf. Be sure to include anyone who will be a registered user for COLAs and Formulas Online. Please note: Your permit must be APPROVED before you can register for these systems.

*First Name:

Middle Name:

*Last Name:

Suffix: --Select--

*Address:

*Phone Area Code:

*Phone:

Phone Extension:

Fax Area Code:

Fax Number:

Email:

*Type: --Select--

If Limited, Specific Powers to be Conferred:

*Effective Date:

Is this person authorized to prepare or review label submissions?: ○ Yes ○ No

Is this person authorized to submit labels for approval?: ○ Yes ○ No

Is this person authorized to prepare or review formula submissions?: ○ Yes ○ No

Is this person authorized to submit formulas for approval?: ○ Yes ○ No

Does this person already have a COLAs Online and/or Formulas Online account with TTB?: ○ Yes ○ No

Submit Cancel

×

NON-CONTIGUOUS LOCATIONS

Select "Add a Row " for each non-contiguous premises. The non-contiguous premises must be a continuation of the existing premises and must not be a stand alone operation.

*Non-contiguous Location Address:

*Description of Non-contiguous Premises:

*Distance from the Primary Operation in miles:

*Description of proposed Operation(s):

Submit Cancel

CONSENT OF SURETY

Select "Add a Row " for each operation you plan to conduct that is not covered under your bond. Click here for a list of examples that will require a Change in Bond (Consent of Surety) NOTE: A TTB Form 5000.18, Change in Bond (Consent of Surety), must be completed and uploaded. ENTER THE INFORMATION BELOW FROM THE BOND THAT YOU ARE REQUESTING AN EXTENSION OF THE TERMS.

What is the corporate surety, if any, listed on the bond that you are changing?:

What is the form number of the bond that you are changing?: --Select--

What is the dollar amount of the bond that you are changing?:

What is the effective date of the bond that you are changing?:

What is the effective date of this change in bond?:

We are changing the above bond as follows::

Submit Cancel

TRADE NAMES / OPERATING NAME

Select "Add a Row " for each trade name you wish to use. Each trade name must be appropriately registered. Click here for general trade name rules. NOTE: You may only select one Operating Name(DBA).

*Type: --Select--

Who will you be Bottling on Account For?:

*Name:

*I certify that the listed trade name has been registered with my County (CA) or State (All States):
○ Yes ○ No

Submit Cancel

REQUEST FOR VARIANCE

Select "Add a Row " for each Request for Alternate Method (Variance Request) or Request for Special Permission/Authorization. A letterhead notice must be uploaded for each request.

*Variance, Alternate Method, Special Permission Type: --Select--

*Description of Request:

Submit Cancel

WINERY INFORMATION

*Describe each Tract of Land by using directions and distances:

*Describe the Wine Premises Security:

*Describe any Taxpaid Wine Storage:

*Is your winery in a Residential Building?:

*Describe any Alternating Premises (if applicable):

*Describe each Wine Premises Building: Provide size, construction, use and location of doors and windows.:

*If you are applying as a Bonded Wine Cellar or Taxpaid Wine Bottling House, would you agree to the listing of your name by TTB that may be distributed to the general public upon request: --Select--

*Describe any operation which will include spirits:

*Describe any Volatile Fruit-Flavor Concentrate Operations produced:

*Describe any other operations you plan to conduct on the wine premises and equipment to be used:

Cider Producer - Under 7% Alcohol: ☐

ENVIRONMENTAL INFORMATION

Enter "Not Applicable" as needed

*Enter Number of Employees (must be at least one):

*Address of Premises:

*Provide the name of your gas and electric company:

*Describe any air pollution control equipment in connection with heating:

*Describe any solid waste (Example: broken glass, grape must, cardboard):

*Describe means of disposal for solid waste (Example: commercial garbage collection, incineration):

*Describe any air pollution control equipment used with incinerators.:

*Describe any liquid waste (Example: wash water, spilled product):

*Describe means of disposal for liquid waste (Example: commercial sewer, septic system):

*Describe operational noise sources :

WATER QUALITY INFORMATION

Enter "Not Applicable" as needed

Describe activity to be conducted:

Describe any liquid waste released into navigable waters:

Provide beginning and ending dates for the release:

Decribe how you will monitor the quality and characteristics of the discharge:

WINE BOND

A wine premises proprietor (except for a Tax Paid Wine Bottling House) filing an original application must upload a wine bond with sufficient bond coverage. Click here to access a worksheet to assist in determining your correct bond coverage.

Select "Add a Row" to enter the information listed on your TTB Form 5120.36, Wine Bond. This information must match exactly with the uploaded form.

*Commodity Type: --Select--

*Bond Kind: --Select--

*Effective Date of Bond:

*Bond Coverage - Operations: 0

Bond Coverage - Deferral: 0

*Bond Coverage - Total Penal Sum:

*Bond Category: --Select--

If Surety - Surety Name:

If Surety - Bond Number:

If T-Note or T-Bond - CUSIP Number:

If T-Note or T-Bond - Interest Rate:

If T-Note or T-Bond - Maturity Date:

If T-Note or T-Bond - Issue Date:

*Execution Date:

Submit Cancel

RELATED BONDS AND PERMITS

Select "Add a Row" for each regulated Alcohol operation of the same ownership at this location.

*Commodity Type: --Select--

Bond Form: --Select--

Bond Category: --Select--

Surety Name if Applicable:

Amount:

Permit Number:

Registry Number:

Submit Cancel

STATEMENTS AND DOCUMENTS

Based on the answers that you provided, TTB has compiled a list of supporting documents that must be submitted with this application. Every document identified must be uploaded to this application within 15 days from the date you submitted to TTB or your application will be abandoned.

WARNING: Any information added within this Section will NOT be saved if you place the application in a Save and Resume Status. Therefore, we recommend you to wait to complete this section until you are ready to submit the application.

If a document is on file with a previous submission, click ACTIONS and select EDIT to change your Method of Submission.

Showing 1-2 of 2

Document Type	Document Type if Other	Comments	Method of Submission	Permit, Registry or Tracking Number if on file with TTB	
Letter of Intent From Foreign Supplier			Uploaded		Actions
Meeting Minutes			Uploaded		Actions

Add a Row | Edit Selected | Delete Selected

Attachment

Click "Browse" to search your computer for each of the required documents that need to be uploaded. Completing this section will require you to have previously saved each document on your computer.

Users running Apple OS X 10.6.8 or later should click here for instructions to provide their supporting documents.

WARNING: You will be required to select a document "TYPE" and "Description" of each uploaded document. You MUST select the SAVE button at the bottom of this screen BEFORE clicking the Continue Application button to ensure all the uploaded documents are successfully attached to your application.

Attachment List

Files can be up to 16MB in size. Acceptable file types include .doc, .docx, .pdf, .jpg, .xls, .xlsx

Name	Type	Size	Date	Action
No records found.				

Browse

Continue Application » Save and resume later:

YOUR DECLARATION

You must check the associated box to indicate that you declare, under penalties of perjury, that you have examined this application and that it is true, correct, and complete to the best of your knowledge and belief. The date that you check the box signifying this declaration will be auto-filled into the field provided.

I understand that I may not produce or receive product until the premises and operations are approved by the Director, National Revenue Center.

*** Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete.:**

*** Declaration Date:**

Continue Application » Save and resume later:

➢ FIREARMS OR AMMUNITION TAX FREE REGISTRATION

Application Contact

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

*First Name: Middle Name: *Last Name:

Position/Title

Business Name:

*Address:

*City: *State: --Select-- *Zip:

Country: --Select--

Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Business Headquarters

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

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☐ Auto-fill with

*Business Name: *Employer Identification Number

*Address:

*City: *State: --Select-- *Zip:

Country: --Select--

Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Continue Application » Save and resume later:

* indicates a required field.

Premise Address

This section pertains to the physical location and address where your approved operations will take place.

Street #: Fraction: Direction: --Select-- *Street Name: Type: --Select-- Suffix: --Select--

Unit Type: --Select-- Unit No.:

Rural Address:

Other Address:

*City: *State: --Select-- *Zip: County:

*Premise Contact Name: *Premise Phone Number:

Continue Application » Save and resume later:

Mailing Address

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

Business Name:

*First Name: Middle Name: *Last Name:

*Address:

P.O. Box:

*City: *State: --Select-- *Zip:

Country: --Select--

Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Continue Application »

Save and resume later:

REASON FOR THE APPLICATION

Indicate whether this Original Application is being filed due to a New Business, a Change of Proprietorship, or a Change in General Partner(s) by checking the appropriate box.

New Business: *

☐

Change of Proprietorship - Ownership: *

☐

Change of General Partner(s): *

☐

Registry Number(s) of Predecessor:

Name and Address of Predecessor:

APPLICATION INFORMATION

*Type of Organization:

--Select--

Trade Name or Doing Business As:

Continue Application »

Save and resume later:

OFFICER/OWNERSHIP INFORMATION

Important! Ownership percentage should equal 100%. Select "Add a Row" to enter additional individuals, companies and/or trusts.

This information must be provided for every stockholder holding 10% or more, Sole Proprietor, Partner, Officer, Director, Trustee, Member and/or Managing Member as well as for any Company or Trust holding ownership in the Company.

*How is Officer/Owner Info Submitted?: --Select--

Officer/Owner Info Tracking No.:

*Officer/Owner Classification: --Select--

EIN:

First Name:

Middle Name:

Last Name:

Email Address:

Suffix: --Select--

Primary Title: --Select--

List Additional Titles:

Title if Other:

*Description of Duties or Relation to the Proposed Operation:

Company Name:

Trust Name: NA

*Percent Voting-Stock-Interest: 0

Investment in Business: 0

*Financial Institution: Name, City and State:

Source of Funds (SOF) Description: Not Applicable

How is SOF Documentation Submitted?: Not Applicable

Submit Cancel

POWER OF ATTORNEY INFORMATION

Select "Add a Row " for each non-employee of the company you are granting the authority to sign or act on your behalf.

*First Name:

Middle Name:

*Last Name:

Suffix:
--Select--

*Address:

*Phone Area Code:

*Phone:

Phone Extension:

Fax Area Code:

Fax Number:

Email:

*Type:
--Select--

If Limited, Specific Powers to be Conferred:

*Effective Date:

Is this person authorized to prepare or review label submissions?:
Yes No

Is this person authorized to submit labels for approval?:
Yes No

Is this person authorized to prepare or review formula submissions?:
Yes No

Is this person authorized to submit formulas for approval?:
Yes No

Does this person already have a COLAs Online and/or Formulas Online account with TTB?:
Yes No

Submit Cancel

FIREARMS OPERATION INFORMATION

Please review each category carefully and select the category or categories that apply to your tax-free operations.

* Have you ever had your application for a certificate of registry denied OR had your certificate of registry suspended or revoked?: ○ Yes ○ No

If yes, describe the circumstances involved and include any denial, revocation, or suspension of an Internal Revenue Service certificate of registry.:

* Provide a complete description of your business or institution and if a state or local government, your functions:

* Identify any business subject to any manufacturers excise tax under Chapter 32 of the Internal Revenue Code:

A. Selling Firearms or Ammunition Tax-Free as the manufacturer, producer, or importer of the firearms or ammunition: * ☐

Describe your need for this category. Include an estimate of the quantity of firearms or ammunition to be sold tax-free within a specified period of time. Also, indicate the types of customers to whom you will be selling firearms or ammunition tax-free. If you already know to whom you will be selling, you may include the actual names of your customers:

B. Purchasing Firearms or Ammunition Tax-Free for further manufacture or for resale to a second purchaser for the use by the second purchaser in further manufacture: * ☐

Describe your need for this category. Include an estimate of the quantity of firearms or ammunition to be purchased tax-free for your use in further manufacture or for resale to a second purchaser for their use in further manufacture within a specified period of time. Also, indicate the types of customers to whom you will be selling firearms or ammunition for further manufacture. If you already know to whom you will be selling, you may include the actual names of your customers.:

C. Purchasing Firearms or Ammunition Tax-Free for export or for resale to a second purchaser for export: * ☐

Describe your need for this category. Include an estimate of the quantity of firearms or ammunition to be purchased tax-free for export or resold to a second purchaser for export within a specified period of time. Also, indicate the types of customers to whom you will be selling firearms and ammunition for export. If you already know to whom you will be selling, you may include the actual names of the customers:

D. Purchasing Firearms or Ammunition Tax-Free for use as supplies on vessels and aircraft: * ☐

Describe your need for this category. Include an estimate of the quantity of firearms or ammunition to be purchased tax-free for your use as supplies on vessels and aircraft within a specified period of time:

E. Purchasing Firearms or Ammunition Tax-Free by, and for the exclusive use of, a nonprofit educational organization: * ☐

Describe your need for this category. Include an estimate of the quantity of firearms or ammunition to be purchased tax-free by and for the exclusive use of a nonprofit educational organization within a specified period of time. You must supply proof (copy of organizational charter or articles of incorporation) that you are an educational organization as defined in Title 26, U.S.C., Section 170(b)(1)(A)(ii) and are exempt from income tax under Title 26, U.S.C., 501(a). You must have a regular faculty, curriculum and normally have a regularly enrolled body of pupils/students in attendance where your educational activities are conducted. You must also supply proof (copy of IRS notification of your exempt status) that your school is operated as an activity of an organization described in Title 26, U.S.C. Section 501(c)(3) that is exempt from income tax under Section 501(a).:

F. Purchasing Firearms or Ammunition Tax-Free by, and for the exclusive use of, a state or local government: * ☐

Describe your need for this category. Include an estimate of the quantity of firearms or ammunition to be purchased tax-free for the exclusive use of the state or local government within a specified period of time. If you already know to whom you will be selling, you may include actual names of your customers.:

STATEMENTS AND DOCUMENTS

Based on the answers that you provided, TTB has compiled a list of supporting documents that must be submitted with this application. Every document identified must be uploaded to this application within 15 days from the date you submitted to TTB or your application will be abandoned.

WARNING: Any information added within this Section will NOT be saved if you place the application in a Save and Resume Status. Therefore, we recommend you to wait to complete this section until you are ready to submit the application.

If a document is on file with a previous submission, click ACTIONS and select EDIT to change your Method of Submission.

Showing 0-0 of 0

Document Type	Document Type if Other	Comments	Method of Submission	Permit, Registry or Tracking Number if on file with TTB

No records found.

Add a Row | Edit Selected | Delete Selected

Attachment

Click "Browse" to search your computer for each of the required documents that need to be uploaded. Completing this section will require you to have previously saved each document on your computer.

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WARNING: You will be required to select a document "TYPE" and "Description" of each uploaded document. You MUST select the SAVE button at the bottom of this screen BEFORE clicking the Continue Application button to ensure all the uploaded documents are successfully attached to your application.

Attachment List

Files can be up to 16MB in size. Acceptable file types include .doc, .docx, .pdf, .jpg, .xls, .xlsx

Name	Type	Size	Date	Action

No records found.

Browse

YOUR DECLARATION

You must check the associated box to indicate that you declare, under penalties of perjury, that you have examined this application and that it is true, correct, and complete to the best of your knowledge and belief. The date that you check the box signifying this declaration will be auto-filled into the field provided.

I understand that I may not produce or receive product until the premises and operations are approved by the Director, National Revenue Center.

*Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete.: ☐

*Declaration Date:

Continue Application »

Save and resume later:

➢ MANUFACTURER OF PROCESSED TOBACCO

Application Contact

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

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Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

*First Name: Middle Name: *Last Name:

Position/Title

Business Name:

*Address:

*City: *State: --Select-- *Zip:

Country: --Select--

Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Business Headquarters

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

*Business Name: *Employer Identification Number

*Address:

*City: *State: --Select-- *Zip:

Country: --Select--

Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Continue Application » Save and resume later:

Premise Address

This section pertains to the physical location and address where your approved operations will take place.

Street #: Fraction: Direction: --Select-- *Street Name: Type: --Select-- Suffix: --Select--

Unit Type: --Select-- Unit No.:

Rural Address:

Other Address:

*City: *State: --Select-- *Zip: County:

*Premise Contact Name: *Premise Phone Number:

Continue Application » Save and resume later:

* indicates a required field.

Mailing Address

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

Business Name:

*First Name: Middle Name: *Last Name:

*Address:

P.O. Box:

*City: *State: --Select-- *Zip:

Country: --Select--

Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Continue Application »

Save and resume later:

REASON FOR THE APPLICATION

Indicate whether this Original Application is being filed due to a New Business, a Change of Proprietorship, or a Change in General Partner(s) by checking the appropriate box.

New Business: *

Change of Proprietorship - Ownership: *

Change of General Partner(s): *

Enter Permit Number of Predecessor:

Enter Name and Address of Predecessor:

APPLICATION INFORMATION

This information pertains to your business organization and the timing of commencement of your proposed operations.

*Type of Organization: --Select--

State where Incorporated/Organized: --Select--

Start Date for New Business Upon Approval by TTB: *

Date of Change: *

Continue Application »

Save and resume later:

OWNER BACKGROUND INFORMATION

*Have you or any person associated with this application been subject to or are currently subject to legal proceedings involving a felony violation of any provision of Federal criminal law relating to tobacco products, processed tobacco, cigarette paper, or cigarette tubes?: Yes No

If yes, provide details of each occurrence:

*Have you or any person associated with this application been convicted of a felony violation of any provision of Federal criminal law relating to tobacco products, processed tobacco, cigarette paper, or cigarette tubes?: Yes No

If yes, provide details including dates, places and final disposition:

OFFICER/OWNERSHIP INFORMATION

Important! Ownership percentage should equal 100%. Select "Add a Row" to enter additional individuals, companies and/or trusts.

This information must be provided for every stockholder holding 10% or more, Sole Proprietor, Partner, Officer, Director, Trustee, Member and/or Managing Member as well as for any Company or Trust holding ownership in the Company.

*How is Officer/Owner Info Submitted?: --Select--

Officer/Owner Info Tracking No.:

*Officer/Owner Classification: --Select--

EIN:

First Name:

Middle Name:

Last Name:

Suffix: --Select--

Email Address:

Primary Title: --Select--

List Additional Titles:

Title if Other:

*Description of Duties or Relation to the Proposed Operation:

Company Name:

Trust Name:

*Percent Voting-Stock-Interest:

*Investment in Business:

*Financial Institution: Name, City and State:

*Source of Funds (SOF) Description:

*How is SOF Documentation Submitted?: --Select--

Submit Cancel

SIGNING AUTHORITY

Select "Add a Row " for each employee of the company who has the authority to sign and/act on behalf of your company . Authority can be granted by title or individual

*Authority Granted by: --Select--

First Name:

Middle Name:

Last Name:

Suffix: --Select--

Title: --Select--

Title if Other:

* Source of Authority: --Select--

Type of Board Meeting: --Select--

Date of Meeting:

*Type: --Select--

If Limited, Signing Authority Capacity:

*Effective Date:

Is this person authorized to prepare or review label submissions?: ○ Yes ○ No

Is this person authorized to submit labels for approval?: ○ Yes ○ No

Is this person authorized to prepare or review formula submissions?: ○ Yes ○ No

Is this person authorized to submit formulas for approval?: ○ Yes ○ No

Does this person already have a COLAs Online and/or Formulas Online account with TTB?: ○ Yes ○ No

Phone Number:

Street:

City:

State: --Select--

Zip:

Email Address:

Submit Cancel

POWER OF ATTORNEY INFORMATION

Select "Add a Row " for each non-employee of the company you are granting the authority to sign or act on your behalf.

*First Name:

Middle Name:

*Last Name:

Suffix: --Select--

*Address:

*Phone Area Code:

*Phone:

Phone Extension:

Fax Area Code:

Fax Number:

Email:

*Type: --Select--

If Limited, Specific Powers to be Conferred:

*Effective Date:

Is this person authorized to prepare or review label submissions?: ○ Yes ○ No

Is this person authorized to submit labels for approval?: ○ Yes ○ No

Is this person authorized to prepare or review formula submissions?: ○ Yes ○ No

Is this person authorized to submit formulas for approval?: ○ Yes ○ No

Does this person already have a COLAs Online and/or Formulas Online account with TTB?: ○ Yes ○ No

Submit Cancel

TRADE NAMES / OPERATING NAME

Select "Add a Row " for each trade name you wish to use. Each trade name must be appropriately registered. Click here for general trade name rules.
NOTE: You may only select one Operating Name(DBA).

*Type: --Select--

*Name:

*I certify that the listed trade name has been registered with my County (CA) or State (All States):
○ Yes ○ No

Submit Cancel

REQUEST FOR VARIANCE

Select "Add a Row " for each Request for Alternate Method (Variance Request) or Request for Special Permission/Authorization. A letterhead notice must be uploaded for each request.

*Variance, Alternate Method, Special Permission Type: --Select--

*Description of Request:

Submit Cancel

ENVIRONMENTAL INFORMATION

Enter "Not Applicable" as needed

*Enter Number of Employees (must be at least one):

*Address of Premises:

*Provide the name of your gas and electric company:

*Describe any air pollution control equipment in connection with heating:

*Describe any solid waste (Example: broken glass, grape must, cardboard):

*Describe means of disposal for solid waste (Example: commercial garbage collection, incineration):

*Describe any air pollution control equipment used with incinerators.:

*Describe any liquid waste (Example: wash water, spilled product):

*Describe means of disposal for liquid waste (Example: commercial sewer, septic system):

*Describe operational noise sources :

WATER QUALITY INFORMATION

Enter "Not Applicable" as needed

*Describe activity to be conducted:

*Describe any liquid waste released into navigable waters:

*Provide beginning and ending dates for the release:

*Decribe how you will monitor the quality and characteristics of the discharge:

STATEMENTS AND DOCUMENTS

Based on the answers that you provided, TTB has compiled a list of supporting documents that must be submitted with this application. Every document identified must be uploaded to this application within 15 days from the date you submitted to TTB or your application will be abandoned.

WARNING: Any information added within this Section will NOT be saved if you place the application in a Save and Resume Status. Therefore, we recommend you to wait to complete this section until you are ready to submit the application.

If a document is on file with a previous submission, click ACTIONS and select EDIT to change your Method of Submission.

Showing 1-7 of 7

Document Type	Document Type if Other	Comments	Method of Submission	Permit, Registry or Tracking Number if on file with TTB	
Copy of Drivers License or Official State ID Card			Uploaded		Actions
Lease Agreement or Proof of Property Ownership			Uploaded		Actions
Source of Funds Documentation			Uploaded		Actions
Diagram, Plant or Plan			Uploaded		Actions
Organizational Documents			Uploaded		Actions
Organizational Documents			Uploaded		Actions
Certificate to Operate in Foreign State			Uploaded		Actions

Add a Row | Edit Selected | Delete Selected

Attachment

Click "Browse" to search your computer for each of the required documents that need to be uploaded. Completing this section will require you to have previously saved each document on your computer.

Users running Apple OS X 10.6.8 or later should click here for instructions to provide their supporting documents.

WARNING: You will be required to select a document "TYPE" and "Description" of each uploaded document. You MUST select the SAVE button at the bottom of this screen BEFORE clicking the Continue Application button to ensure all the uploaded documents are successfully attached to your application.

Attachment List

Files can be up to 16MB in size. Acceptable file types include .doc, .docx, .pdf, .jpg, .xls, .xlsx

Name	Type	Size	Date	Action
No records found.				

Browse

YOUR DECLARATION

You must check the associated box to indicate that you declare, under penalties of perjury, that you have examined this application and that it is true, correct, and complete to the best of your knowledge and belief. The date that you check the box signifying this declaration will be auto-filled into the field provided.

I understand that I may not produce or receive product until the premises and operations are approved by the Director, National Revenue Center.

* Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete.: ☐

* Declaration Date:

Continue Application »

Save and resume later:

➢ MANUFACTURER OF TOBACCO PRODUCTS

* indicates a required field.

Application Contact

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

*First Name: Middle Name: *Last Name:

Position/Title

Business Name:

*Address:

*City: *State: --Select-- *Zip:

Country: --Select--

Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Business Headquarters

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

*Business Name:

*Employer Identification Number

*Address:

*City:

*State: --Select--

*Zip:

Country: --Select--

Primary Phone:

Alternate Phone:

Fax:

E-mail:

Clear

Premise Address

This section pertains to the physical location and address where your approved operations will take place.

Street #:

Fraction:

Direction: --Select--

*Street Name:

Type: --Select--

Suffix: --Select--

Unit Type: --Select--

Unit No.:

Rural Address:

Other Address:

*City:

*State: --Select--

*Zip:

County:

*Premise Contact Name:

*Premise Phone Number:

Continue Application »

Save and resume later:

Mailing Address

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

Business Name:

*First Name: Middle Name: *Last Name:

*Address:

P.O. Box:

*City: *State: --Select-- *Zip:

Country: --Select--

Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

REASON FOR THE APPLICATION

Indicate whether this Original Application is being filed due to a New Business, a Change of Proprietorship, or a Change in General Partner(s) by checking the appropriate box.

New Business: * ☐

Change of Proprietorship - Ownership: * ☐

Change of General Partner(s): * ☐

Enter Permit Number of Predecessor:

Enter Name and Address of Predecessor:

APPLICATION INFORMATION

This information pertains to your business organization and the timing of commencement of your proposed operations.

* Type of Organization: --Select--

State Where Incorporated/Organized: --Select--

Start Date for New Business Upon Approval by TTB: * ☐

Date of Change: *

OWNER BACKGROUND INFORMATION

* Have you or any person associated with this application been subject to or are currently subject to legal proceedings involving a felony violation of any provision of Federal criminal law relating to tobacco products, processed tobacco, cigarette paper, or cigarette tubes?: ◯ Yes ◯ No

If yes, provide details of each occurrence:

* Have you or any person associated with this application been convicted of a felony violation of any provision of Federal criminal law relating to tobacco products, processed tobacco, cigarette paper, or cigarette tubes?: ◯ Yes ◯ No

If yes, provide details including dates, places and final disposition:

OFFICER/OWNERSHIP INFORMATION

Important! Ownership percentage should equal 100%. Select "Add a Row" to enter additional individuals, companies and/or trusts.

This information must be provided for every stockholder holding 10% or more, Sole Proprietor, Partner, Officer, Director, Trustee, Member and/or Managing Member as well as for any Company or Trust holding ownership in the Company.

*How is Officer/Owner Info Submitted?: --Select--

Officer/Owner Info Tracking No.:

*Officer/Owner Classification: --Select--

EIN:

First Name:

Middle Name:

Last Name:

Suffix: --Select--

Email Address:

Primary Title: --Select--

List Additional Titles:

Title if Other:

*Description of Duties or Relation to the Proposed Operation:

Company Name:

Trust Name:

*Percent Voting-Stock-Interest:

*Investment in Business:

*Financial Institution: Name, City and State:

*Source of Funds (SOF) Description:

*How is SOF Documentation Submitted?: --Select--

Submit Cancel

SIGNING AUTHORITY

Select "Add a Row " for each employee of the company who has the authority to sign and/act on behalf of your company . Authority can be granted by title or individual

*Authority Granted by: --Select--

First Name:

Middle Name:

Last Name:

Suffix: --Select--

Title: --Select--

Title if Other:

*Source of Authority: --Select--

Type of Board Meeting: --Select--

Date of Meeting:

*Type: --Select--

If Limited, Signing Authority Capacity:

*Effective Date:

Is this person authorized to prepare or review label submissions?: Yes No

Is this person authorized to submit labels for approval?: Yes No

Is this person authorized to prepare or review formula submissions?: Yes No

Is this person authorized to submit formulas for approval?: Yes No

Does this person already have a COLAs Online and/or Formulas Online account with TTB?: Yes No

Phone Number:

Street:

City:

State: --Select--

Zip:

Email Address:

Submit Cancel

POWER OF ATTORNEY INFORMATION

Select "Add a Row " for each non-employee of the company you are granting the authority to sign or act on your behalf.

*First Name:

Middle Name:

*Last Name:

Suffix: --Select--

*Address:

*Phone Area Code:

*Phone:

Phone Extension:

Fax Area Code:

Fax Number:

Email:

*Type: --Select--

If Limited, Specific Powers to be Conferred:

*Effective Date:

Is this person authorized to prepare or review label submissions?: ○ Yes ○ No

Is this person authorized to submit labels for approval?: ○ Yes ○ No

Is this person authorized to prepare or review formula submissions?: ○ Yes ○ No

Is this person authorized to submit formulas for approval?: ○ Yes ○ No

Does this person already have a COLAs Online and/or Formulas Online account with TTB?: ○ Yes ○ No

Submit Cancel

TRADE NAMES / OPERATING NAME

Select "Add a Row " for each trade name you wish to use. Each trade name must be appropriately registered. Click here for general trade name rules.
NOTE: You may only select one Operating Name(DBA).

*Type: --Select--

*Name:

*I certify that the listed trade name has been registered with my County (CA) or State (All States): ○ Yes ○ No

Submit Cancel

REQUEST FOR VARIANCE

Select "Add a Row " for each Request for Alternate Method (Variance Request) or Request for Special Permission/Authorization. A letterhead notice must be uploaded for each request.

*Variance, Alternate Method, Special Permission Type: --Select--

*Description of Request:

Submit Cancel

Application Information

MANUFACTURER OPERATION INFO

Select the type(s) of tobacco products(s) you will be manufacturing. Refer to the Code of Federal Regulations, 27 CFR 40.11 for a definition of each type of tobacco product.

Large Cigars:* ☐

Small Cigars:* ☐

Large Cigarettes:* ☐

Small Cigarettes:* ☐

Chewing Tobacco:* ☐

Pipe Tobacco:* ☐

Snuff:* ☐

Roll Your Own:* ☐

Processed Tobacco - Ships To Others:* ☐

TOBACCO PRODUCTS INFO

* Describe Bonded Premises Building: Provide size, construction, use and location of doors and windows:

ENVIRONMENTAL INFORMATION

Enter "Not Applicable" as needed

*Enter Number of Employees (must be at least one):

*Address of Premises:

*Provide the name of your gas and electric company:

*Describe any air pollution control equipment in connection with heating:

*Describe any solid waste (Example: broken glass, grape must, cardboard):

*Describe means of disposal for solid waste (Example: commercial garbage collection, incineration):

*Describe any air pollution control equipment used with incinerators.:

*Describe any liquid waste (Example: wash water, spilled product):

*Describe means of disposal for liquid waste (Example: commercial sewer, septic system):

*Describe operational noise sources :

WATER QUALITY INFORMATION

Enter "Not Applicable" as needed

* Describe activity to be conducted:

* Describe any liquid waste released into navigable waters:

* Provide beginning and ending dates for the release:

* Decribe how you will monitor the quality and characteristics of the discharge:

x

NON-CONTIGUOUS LOCATIONS

Select "Add a Row " for each non-contiguous premises. The non-contiguous premises must be a continuation of the existing premises and must not be a stand alone operation.

* Non-contiguous Location Address:

* Description of Non-contiguous Premises:

* Distance from the Primary Operation in miles:

* Description of proposed Operation(s):

Submit Cancel

TOBACCO BOND

A Tobacco Bond (TTB F 5200.29) with sufficient coverage is required. Select "Add a Row" to enter the information from the Tobacco Spirits Bond.

*Bond Kind: You must enter at least one Bond
--Select--

*Type of Bond:
--Select--

*Effective Date of Bond:

*Amount of Bond:
0

*Bond Category:
--Select--

If Surety - Surety Name:

If Surety - Bond Number:

If T-Note or T-Bond - CUSIP Number:

If T-Note or T-Bond - Interest Rate:

If T-Note or T-Bond - Maturity Date:

If T-Note or T-Bond - Par Value:

If T-Note or T-Bond - Issue Date:

*Execution Date:

Submit Cancel

CONSENT OF SURETY

Select "Add a Row" for each operation you plan to conduct that is not covered under your bond. Click here for a list of examples that will require a Change in Bond (Consent of Surety) NOTE: A TTB Form 5000.18, Change of Bond (Consent of Surety), must be completed and uploaded. ENTER THE INFORMATION BELOW FROM THE BOND THAT YOU ARE REQUESTING AN EXTENSION OF THE TERMS.

What is the corporate surety, if any, listed on the bond that you are changing?:

What is the form number of the bond that you are changing?:
--Select--

What is the dollar amount of the bond that you are changing?:

What is the effective date of the bond that you are changing?:

What is the effective date of this change in bond?:

We are changing the above bond as follows::

Submit Cancel

STATEMENTS AND DOCUMENTS

Based on the answers that you provided, TTB has compiled a list of supporting documents that must be submitted with this application. Every document identified must be uploaded to this application within 15 days from the date you submitted to TTB or your application will be abandoned.

WARNING: Any information added within this Section will NOT be saved if you place the application in a Save and Resume Status. Therefore, we recommend you to wait to complete this section until you are ready to submit the application.

If a document is on file with a previous submission, click ACTIONS and select EDIT to change your Method of Submission.

Showing 1-6 of 6

Document Type	Document Type if Other	Comments	Method of Submission	Permit, Registry or Tracking Number if on file with TTB	
Copy of Drivers License or Official State ID Card			Uploaded		Actions
Lease Agreement or Proof of Property Ownership			Uploaded		Actions
Source of Funds Documentation			Uploaded		Actions
Diagram, Plant or Plan			Uploaded		Actions
Organizational Documents			Uploaded		Actions
Bond Form			Uploaded		Actions

Add a Row | Edit Selected | Delete Selected

Attachment

Click "Browse" to search your computer for each of the required documents that need to be uploaded. Completing this section will require you to have previously saved each document on your computer.

Users running Apple OS X 10.6.8 or later should click here for instructions to provide their supporting documents.

WARNING: You will be required to select a document "TYPE" and "Description" of each uploaded document. You MUST select the SAVE button at the bottom of this screen BEFORE clicking the Continue Application button to ensure all the uploaded documents are successfully attached to your application.

Attachment List

Files can be up to 16MB in size. Acceptable file types include .doc, .docx, .pdf, .jpg, .xls, .xlsx

Name	Type	Size	Date	Action
No records found.				

Browse

Continue Application » Save and resume later:

YOUR DECLARATION

You must check the associated box to indicate that you declare, under penalties of perjury, that you have examined this application and that it is true, correct, and complete to the best of your knowledge and belief. The date that you check the box signifying this declaration will be auto-filled into the field provided.

I understand that I may not produce or receive product until the premises and operations are approved by the Director, National Revenue Center.

* Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete.:

* Declaration Date:

Continue Application » Save and resume later:

➢ TOBACCO EXPORT WAREHOUSE

Application for New Tobacco Export Warehouse

1 Contacts & Location | 2 Application Information | 3 Business Information | 4 Review and Submit | 5 Cash Bond Amount | 6

Step 1 : Contacts & Location > Business Contacts

* indicates a required field.

Application Contact

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

*First Name: Middle Name: *Last Name:

Position/Title

Business Name:

*Address:

*City: *State: --Select-- *Zip:

Country: --Select--

Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Business Headquarters

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

*Business Name: *Employer Identification Number

*Address:

*City: *State: --Select-- *Zip:

Country: --Select--

Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Premise Address

This section pertains to the physical location and address where your approved operations will take place.

Street #: Fraction: Direction: --Select-- *Street Name: Type: --Select-- Suffix: --Sele

Unit Type: --Select-- Unit No.:

Rural Address:

Other Address:

*City: *State: --Select-- *Zip: County:

*Premise Contact Name: *Premise Phone Number:

Continue Application » Save and resume later:

Mailing Address

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

Business Name:

*First Name: Middle Name: *Last Name:

*Address:

P.O. Box:

*City: *State: --Select-- *Zip:

Country: --Select--

Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Continue Application »

Save and resume later:

REASON FOR THE APPLICATION

Indicate whether this Original Application is being filed due to a New Business, a Change of Proprietorship, or a Change in General Partner(s) by checking the appropriate box.

New Business: *

Change of Proprietorship - Ownership: *

Change of General Partner(s): *

Enter Permit Number of Predecessor:

Enter Name and Address of Predecessor:

APPLICATION INFORMATION

This section pertains to your business organization and the timing of commencement of your proposed operations.

*Type of Organization: --Select--

State where Incorporated/Organized: --Select--

Start Date for New Business Upon Approval by TTB: *

Date of Change: *

Continue Application »

Save and resume later:

OWNER BACKGROUND INFORMATION

*Have you or any person associated with this application been subject to or are currently subject to legal proceedings involving a felony violation of any provision of Federal criminal law relating to tobacco products, processed tobacco, cigarette paper, or cigarette tubes?: Yes No

If yes, provide details of each occurrence:

*Have you or any person associated with this application been convicted of a felony violation of any provision of Federal criminal law relating to tobacco products, processed tobacco, cigarette paper, or cigarette tubes?: Yes No

If yes, provide details including dates, places and final disposition:

OFFICER/OWNERSHIP INFORMATION

Important! Ownership percentage should equal 100%. Select "Add a Row" to enter additional individuals, companies and/or trusts.

This information must be provided for every stockholder holding 10% or more, Sole Proprietor, Partner, Officer, Director, Trustee, Member and/or Managing Member as well as for any Company or Trust holding ownership in the Company.

* How is Officer/Owner Info Submitted?: --Select--
Officer/Owner Info Tracking No.:
* Officer/Owner Classification: --Select--

EIN:
First Name:
Middle Name:

Last Name:
Suffix: --Select--
Email Address:

Primary Title: --Select--
List Additional Titles:
Title if Other:

* Description of Duties or Relation to the Proposed Operation:
Company Name:
Trust Name:

* Percent Voting-Stock-Interest: Percentage of Stock Interes
* Investment in Business: Dollar amount invested in E
* Financial Institution: Name, City and State:

* Source of Funds (SOF) Description: Provide the source of investment
* How is SOF Documentation Submitted?: --Select--

Submit Cancel

×

SIGNING AUTHORITY

Select "Add a Row " for each employee of the company who has the authority to sign and/act on behalf of your company. Authority can be granted by title or individual.

*Authority Granted by: --Select--

First Name:

Middle Name:

Last Name:

Suffix: --Select--

Title: --Select--

Title if Other:

* Source of Authority: --Select--

Type of Board Meeting: --Select--

Date of Meeting:

*Type: --Select--

If Limited, Signing Authority Capacity:

*Effective Date:

Is this person authorized to prepare or review label submissions?: ○ Yes ○ No

Is this person authorized to submit labels for approval?: ○ Yes ○ No

Is this person authorized to prepare or review formula submissions?: ○ Yes ○ No

Is this person authorized to submit formulas for approval?: ○ Yes ○ No

Does this person already have a COLAs Online and/or Formulas Online account with TTB?: ○ Yes ○ No

Phone Number:

Street:

City:

State: --Select--

Zip:

Email Address:

Submit Cancel

POWER OF ATTORNEY INFORMATION

Select "Add a Row " for each non-employee of the company you are granting the authority to sign or act on your behalf.

*First Name:

Middle Name:

*Last Name:

Suffix: --Select--

*Address:

*Phone Area Code:

*Phone:

Phone Extension:

Fax Area Code:

Fax Number:

Email:

*Type: --Select--

If Limited, Specific Powers to be Conferred:

*Effective Date:

Is this person authorized to prepare or review label submissions?: ○ Yes ○ No

Is this person authorized to submit labels for approval?: ○ Yes ○ No

Is this person authorized to prepare or review formula submissions?: ○ Yes ○ No

Is this person authorized to submit formulas for approval?: ○ Yes ○ No

Does this person already have a COLAs Online and/or Formulas Online account with TTB?: ○ Yes ○ No

Submit Cancel

TRADE NAMES / OPERATING NAME

Select "Add a Row " for each trade name you wish to use. Each trade name must be appropriately registered. Click here for general trade name rules.
NOTE: You may only select one Operating Name(DBA).

*Type: --Select--

*Name:

*I certify that the listed trade name has been registered with my County (CA) or State (All States): ○ Yes ○ No

Submit Cancel

REQUEST FOR VARIANCE

Select "Add a Row " for each Request for Alternate Method (Variance Request) or Request for Special Permission/Authorization. A letterhead notice must be uploaded for each request.

*Variance, Alternate Method, Special Permission Type: --Select--

*Description of Request:

Submit Cancel

EXPORTER OPERATION INFORMATION

Select the type(s) of tobacco products you will be exporting.

Cigarettes:* ☐

Cigars:* ☐

Other Tobacco:* ☐

Processed Tobacco:* ☐

EXPORT WAREHOUSE INFO

This section pertains to the warehouse premises where your tobacco products will be stored, prior to shipment to a foreign country, Puerto Rico, the Virgin Islands, or a possession of the United States, or for consumption beyond the jurisdiction of the internal revenue laws of the United States. The warehouse may be used only for the storage of tobacco products upon which the internal revenue tax has not been paid, for subsequent removal. You must submit a detailed diagram of the premises with this application. The diagram should identify the layout of the warehouse, including the dimensions of each area. If your warehouse consists of a portion of a building, you must also show the clear separation between the warehouse and any other areas or businesses, such as a retail area or a customs bonded area.

*Describe Bonded Premises Building: Provide size, construction, use and location of doors and windows:

×

NON-CONTIGUOUS LOCATIONS

Select "Add a Row" for each non-contiguous premises. The non-contiguous premises must be a continuation of the existing premises and must not be a stand alone operation.

*Non-contiguous Location Address:

*Description of Non-contiguous Premises:

*Distance from the Primary Operation in miles:

*Description of proposed Operation(s):

Submit Cancel

×

TOBACCO BOND

A Tobacco Bond (TTB F 5200.29) with sufficient coverage is required. Select "Add a Row" to enter the information from the Tobacco Spirits Bond.

*Bond Kind: You must enter at least one Bond

--Select--

*Type of Bond:

--Select--

*Effective Date of Bond:

*Amount of Bond:

0

*Bond Category:

--Select--

If Surety - Surety Name:

If Surety - Bond Number:

If T-Note or T-Bond - CUSIP Number:

If T-Note or T-Bond - Interest Rate:

If T-Note or T-Bond - Maturity Date:

If T-Note or T-Bond - Par Value:

If T-Note or T-Bond - Issue Date:

*Execution Date:

Submit Cancel

×

CONSENT OF SURETY

Select "Add a Row " for each operation you plan to conduct that is not covered under your bond. Click here for a list of examples that will require a Change in Bond (Consent of Surety) NOTE: A TTB Form 5000.18, Change of Bond (Consent of Surety), must be completed and uploaded. ENTER THE INFORMATION BELOW FROM THE BOND THAT YOU ARE REQUESTING AN EXTENSION OF THE TERMS.

What is the corporate surety, if any, listed on the bond that you are changing?:

What is the form number of the bond that you are changing?: --Select--

What is the dollar amount of the bond that you are changing?:

What is the effective date of the bond that you are changing?:

What is the effective date of this change in bond?:

We are changing the above bond as follows::

Submit Cancel

STATEMENTS AND DOCUMENTS

Based on the answers that you provided, TTB has compiled a list of supporting documents that must be submitted with this application. Every document identified must be uploaded to this application within 15 days from the date you submitted to TTB or your application will be abandoned.

WARNING: Any information added within this Section will NOT be saved if you place the application in a Save and Resume Status. Therefore, we recommend you to wait to complete this section until you are ready to submit the application.

If a document is on file with a previous submission, click ACTIONS and select EDIT to change your Method of Submission.

Showing 1-6 of 6

Document Type	Document Type if Other	Comments	Method of Submission	Permit, Registry or Tracking Number if on file with TTB	
Copy of Drivers License or Official State ID Card			Uploaded		Actions
Lease Agreement or Proof of Property Ownership			Uploaded		Actions
Source of Funds Documentation			Uploaded		Actions
Diagram, Plant or Plan			Uploaded		Actions
Organizational Documents			Uploaded		Actions
Bond Form			Uploaded		Actions

Add a Row | Edit Selected | Delete Selected

Attachment

Click "Browse" to search your computer for each of the required documents that need to be uploaded. Completing this section will require you to have previously saved each document on your computer.

Users running Apple OS X 10.6.8 or later should click here for instructions to provide their supporting documents.

WARNING: You will be required to select a document "TYPE" and "Description" of each uploaded document. You MUST select the SAVE button at the bottom of this screen BEFORE clicking the Continue Application button to ensure all the uploaded documents are successfully attached to your application.

Attachment List

Files can be up to 16MB in size. Acceptable file types include .doc, .docx, .pdf, .jpg, .xls, .xlsx

Name	Type	Size	Date	Action
No records found.				

Browse

Continue Application » Save and resume later:

YOUR DECLARATION

You must check the associated box to indicate that you declare, under penalties of perjury, that you have examined this application and that it is true, correct, and complete to the best of your knowledge and belief. The date that you check the box signifying this declaration will be auto-filled into the field provided.

I understand that I may not produce or receive product until the premises and operations are approved by the Director, National Revenue Center.

* Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete.:

* Declaration Date:

Continue Application » Save and resume later:

➢ TOBACCO IMPORTER

Application for New Tobacco Export Warehouse

1 Contacts & Location | 2 Application Information | 3 Business Information | 4 Review and Submit | 5 Cash Bond Amount | 6

Step 1 : Contacts & Location > Business Contacts

* indicates a required field.

Application Contact

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

*First Name: Middle Name: *Last Name:

Position/Title

Business Name:

*Address:

*City: *State: --Select-- *Zip:

Country: --Select--

Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Business Headquarters

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

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Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

*Business Name: *Employer Identification Number

*Address:

*City: *State: --Select-- *Zip:

Country: --Select--

Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Premise Address

This section pertains to the physical location and address where your approved operations will take place.

Street #: Fraction: Direction: --Select-- *Street Name: Type: --Select-- Suffix: --Select--

Unit Type: --Select-- Unit No.:

Rural Address:

Other Address:

*City: *State: --Select-- *Zip: County:

*Premise Contact Name: *Premise Phone Number:

Continue Application » Save and resume later:

Mailing Address

Please enter information about the contacts associated with this application. Only those contact types required for your specific application will be listed. A description of each contact type follows:

Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. **The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

Officer-Owner: This information pertains to the individual person that will be listed on the original or amended application filed with TTB as an officer, owner, member, or partner with the applicant entity. All address fields refer to the legal residence (home address) for the application contact person identified in this section. A separate Officer/Owner Information Application must be filed for each individual.

☐ Auto-fill with

Business Name:

*First Name: Middle Name: *Last Name:

*Address:

P.O. Box:

*City: *State: --Select-- *Zip:

Country: --Select--

Primary Phone: Alternate Phone: Fax:

E-mail:

Clear

Continue Application »

Save and resume later:

REASON FOR THE APPLICATION

Indicate whether this Original Application is being filed due to a New Business, a Change of Proprietorship, or a Change in General Partner(s) by checking the appropriate box.

New Business: *

Change of Proprietorship - Ownership: *

Change of General Partner(s): *

Requalification: *

Permit Number(s) of Predecessor:

Name and Address of Predecessor:

APPLICATION INFORMATION

This information pertains to your business organization and the timing of commencement of your proposed operations.

*Type of Organization: --Select--

State Where Incorporated: --Select--

Start Date for New Business Upon Approval by TTB: *

Date of Change: *

Continue Application »

Save and resume later:

OFFICER/OWNERSHIP INFORMATION

Important! Ownership percentage should equal 100%. Select "Add a Row" to enter additional individuals, companies and/or trusts.

This information must be provided for every stockholder holding 10% or more, Sole Proprietor, Partner, Officer, Director, Trustee, Member and/or Managing Member as well as for any Company or Trust holding ownership in the Company.

* How is Officer/Owner Info Submitted?: --Select--

Officer/Owner Info Tracking No.:

* Officer/Owner Classification: --Select--

EIN:

First Name:

Middle Name:

Last Name:

Suffix: --Select--

Email Address:

Primary Title: --Select--

List Additional Titles:

Title if Other:

* Description of Duties or Relation to the Proposed Operation:

Company Name:

Trust Name:

* Percent Voting-Stock-Interest:

* Investment in Business:

* Financial Institution: Name, City and State:

* Source of Funds (SOF) Description:

* How is SOF Documentation Submitted?: --Select--

Submit Cancel

SIGNING AUTHORITY

Select "Add a Row" for each employee of the company who has the authority to sign and/act on behalf of your company. Authority can be granted by title or individual.

*Authority Granted by: --Select--

First Name:

Middle Name:

Last Name:

Suffix: --Select--

Title: --Select--

Title if Other:

* Source of Authority: --Select--

Type of Board Meeting: --Select--

Date of Meeting:

*Type: --Select--

If Limited, Signing Authority Capacity:

*Effective Date:

Is this person authorized to prepare or review label submissions?: ○ Yes ○ No

Is this person authorized to submit labels for approval?: ○ Yes ○ No

Is this person authorized to prepare or review formula submissions?: ○ Yes ○ No

Is this person authorized to submit formulas for approval?: ○ Yes ○ No

Does this person already have a COLAs Online and/or Formulas Online account with TTB?: ○ Yes ○ No

Phone Number:

Street:

City:

State: --Select--

Zip:

Email Address:

Submit Cancel

POWER OF ATTORNEY INFORMATION

Select "Add a Row " for each non-employee of the company you are granting the authority to sign or act on your behalf.

*First Name:

Middle Name:

*Last Name:

Suffix: --Select--

*Address:

*Phone Area Code:

*Phone:

Phone Extension:

Fax Area Code:

Fax Number:

Email:

*Type: --Select--

If Limited, Specific Powers to be Conferred:

*Effective Date:

Is this person authorized to prepare or review label submissions?: ○ Yes ○ No

Is this person authorized to submit labels for approval?: ○ Yes ○ No

Is this person authorized to prepare or review formula submissions?: ○ Yes ○ No

Is this person authorized to submit formulas for approval?: ○ Yes ○ No

Does this person already have a COLAs Online and/or Formulas Online account with TTB?: ○ Yes ○ No

Submit Cancel

TRADE NAMES / OPERATING NAME

Select "Add a Row " for each trade name you wish to use. Each trade name must be appropriately registered. Click here for general trade name rules. NOTE: You may only select one Operating Name(DBA).

*Type: --Select--

*Name:

*I certify that the listed trade name has been registered with my County (CA) or State (All States): ○ Yes ○ No

Submit Cancel

REQUEST FOR VARIANCE

Select "Add a Row " for each Request for Alternate Method (Variance Request) or Request for Special Permission/Authorization. A letterhead notice must be uploaded for each request.

*Variance, Alternate Method, Special Permission Type: --Select--

*Description of Request:

Submit Cancel

OWNER BACKGROUND INFORMATION

*Have you or any person associated with this application been subject to or are currently subject to legal proceedings involving a felony violation of any provision of Federal criminal law relating to tobacco products, processed tobacco, cigarette paper, or cigarette tubes?: ○ Yes ○ No

If yes, provide details of each occurrence:

*Have you or any person associated with this application been convicted of a felony violation of any provision of Federal criminal law relating to tobacco products, processed tobacco, cigarette paper, or cigarette tubes?: ○ Yes ○ No

If yes, provide details including dates, places and final disposition:

Continue Application »

Save and resume later:

IMPORTER OPERATION INFORMATION

Select your proposed Operation(s):

Importer of Tobacco Products: * ☐

Importer of Processed Tobacco: * ☐

Application Information

STATEMENTS AND DOCUMENTS

Based on the answers that you provided, TTB has compiled a list of supporting documents that must be submitted with this application. Every document identified must be uploaded to this application within 15 days from the date you submitted to TTB or your application will be abandoned.

WARNING: Any information added within this Section will NOT be saved if you place the application in a Save and Resume Status. Therefore, we recommend you to wait to complete this section until you are ready to submit the application.

If a document is on file with a previous submission, click ACTIONS and select EDIT to change your Method of Submission.

Showing 1-5 of 5

☐ Document Type	Document Type if Other	Comments	Method of Submission	Permit, Registry or Tracking Number if on file with TTB	
☐ Copy of Drivers License or Official State ID Card			Uploaded		Actions
☐ Lease Agreement or Proof of Property Ownership			Uploaded		Actions
☐ Source of Funds Documentation			Uploaded		Actions
☐ Letter of Intent From Foreign Supplier			Uploaded		Actions
☐ Tobacco Signed Supplemental Information and Certification			Uploaded		Actions

Add a Row | Edit Selected | Delete Selected

Attachment

Click "Browse" to search your computer for each of the required documents that need to be uploaded. Completing this section will require you to have previously saved each document on your computer.

Users running Apple OS X 10.6.8 or later should click here for instructions to provide their supporting documents.

WARNING: You will be required to select a document "TYPE" and "Description" of each uploaded document. You MUST select the SAVE button at the bottom of this screen BEFORE clicking the Continue Application button to ensure all the uploaded documents are successfully attached to your application.

Attachment List

Files can be up to 16MB in size. Acceptable file types include .doc, .docx, .pdf, .jpg, .xls, .xlsx

Name	Type	Size	Date	Action
No records found.				

Browse

YOUR DECLARATION

You must check the associated box to indicate that you declare, under penalties of perjury, that you have examined this application and that it is true, correct, and complete to the best of your knowledge and belief. The date that you check the box signifying this declaration will be auto-filled into the field provided.

I understand that I may not produce or receive product until the premises and operations are approved by the Director, National Revenue Center.

* Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete.: ☐

* Declaration Date:

Continue Application »

Save and resume later:

Permits Online (PERMITS ONLINE)

National Revenue Center
550 Main Street
Suite 8002
Cincinnati, OH 45202-5215

Phone: 1-877-882-3277
(1-877-TTB-FAQS)
Fax: 202-453-2989
E-mail: permits.online@ttb.gov