

DEPARTMENT OF THE TREASURY
ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB)

APPLICATION FOR BASIC PERMIT UNDER THE FEDERAL ALCOHOL ADMINISTRATION ACT

1. FULL NAME AND PREMISES ADDRESS TELEPHONE NUMBER () State in which organized for Corporations and Limited Liability Companies (LLC):	3. EMPLOYER IDENTIFICATION NUMBER (EIN) <i>(Social Security number is not acceptable)</i> 4. OPERATING NAME (DBA), if any
2. MAILING ADDRESS <i>(If different from premises address)</i>	5. LABELING TRADE NAME(S), if any

6. BUSINESS(ES) TO BE CONDUCTED AT PREMISES ADDRESS *(Check applicable boxes)*

a. <input type="checkbox"/> DISTILLED SPIRITS PLANT <i>(BEVERAGE)</i> <input type="checkbox"/> DISTILLING <input type="checkbox"/> WAREHOUSING AND BOTTLING DISTILLED SPIRITS <input type="checkbox"/> PROCESSING <i>(RECTIFYING)</i> DISTILLED SPIRITS AND WINE b. <input type="checkbox"/> BONDED WINE PREMISES <input type="checkbox"/> PRODUCING AND BLENDING WINE <input type="checkbox"/> BLENDING WINE	c. <input type="checkbox"/> IMPORTING INTO THE UNITED STATES <input type="checkbox"/> DISTILLED SPIRITS <input type="checkbox"/> WINE <input type="checkbox"/> MALT BEVERAGES d. <input type="checkbox"/> PURCHASING FOR RESALE AT WHOLESALE <input type="checkbox"/> DISTILLED SPIRITS <input type="checkbox"/> WINE <input type="checkbox"/> MALT BEVERAGES
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or while so engaged, sell, offer, or deliver for sale, contract to sell, or ship in interstate or foreign commerce the alcoholic beverages so distilled, produced, rectified, blended or bottled, warehoused and bottled, imported, or purchased for resale at wholesale.

7. REASON FOR THE APPLICATION *(use date format MM/DD/YYYY)*

a. <input type="checkbox"/> NEW BUSINESS Anticipated start date _____ b. <input type="checkbox"/> CHANGE IN CONTROL <i>(Actual or legal)</i> <input type="checkbox"/> Submit Basic Permit(s) with this application. Date of Change _____	c. <input type="checkbox"/> CHANGE IN OWNERSHIP Date of Change _____ Name, address, and permit number(s) of predecessor
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8. OWNER INFORMATION *(List sole owner, all general parties, LLC members/managers, corporate officers and directors, and shareholders with more than 10% voting stock. Each listed person must also furnish the information in Item 9.)*

NAME	TITLE	% VOTING/STOCK/INTEREST <i>(If applicable)</i>	INVESTMENT IN BUSINESS <i>(Item 6)</i>	SOURCE OF FUND,S INVESTED <i>(savings, loans, gift or specify other)</i>

IF APPLICANT IS ACTUALLY OR LEGALLY CONTROLLED BY PERSONS OR BUSINESSES NOT IDENTIFIED ABOVE, PROVIDE ON A SEPARATE SHEET INFORMATION *(as specified for Item 9)* FOR EACH PERSON OR BUSINESS AND STATE THE EXTENT AND MANNER OF THE CONTROL. BUSINESSES SHOULD INCLUDE THEIR EIN.

9. COMPLETE FOR EACH PERSON LISTED IN ITEM 8.

a. FULL GIVEN NAME	b. DATE AND PLACE OF BIRTH	c. SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	d. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
e. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	f. OTHER NAMES USED <i>(Maiden name, nicknames, etc.)</i>		

g. RESIDENCE(S) OVER THE LAST FIVE YEARS