1.			INSTRU	UCTIONS			
2.	Cincinnati, Ohio 45202-52	al and one copy of this form with the 215. This form must be completed evenue Center or are attached to	and submitted ever	n or other document, to the though three copies of the	ne Director, National Revenue ne required certification or waiv	Center, 550 Main St, Ste 8002 ver have been sent	
3.	DISPOSITION. After final	action taken on the related applic			will be returned to the application	nt.	
1.	FORM NUMBER	2. APPLICATION DATE		3. SERIAL NUMBER			
6.	DESCRIBE ACTIVITY TO	BE CONDUCTED IN WHICH T	THE ALCOHOL AN	D TOBACCO TAX AND	TRADE BUREAU HAS AN	NTEREST.	
7.	ACTIVITY DESCRIBED	OR INDIRECT DISCHARGE IN IN ITEM 6, INCLUDING THE BIO	OLOGICAL, CHEM	ICAL, THERMAL, OR C			
	AND THE LOCATIONS A	AT WHICH SUCH DISCHARGE	MAY ENTER NAV	IGABLE WATERS.			
0	DESCRIBE THE METHO	DS AND MEANS USED OR TO	DE LISED TO MON	VIITOR THE OLIVITY A	ND CHADACTEDISTICS OF	THE DISCHARGE	
э.		OF EQUIPMENT OR FACILITIE					

TTB F 5000.30 (10/2008)