


Application info

SDS DEALER OPERATION INFO

* Estimated annual withdrawals of specially denatured spirits in wine gallons: 

* Purpose for which spirits will be used: 

* Describe your alcohol storage area:

* Is the storage area secure to prevent unauthorized access?:

Yes No

* Is this area large enough to hold all the alcohol you may have on hand at any given time?:

Yes No

* Who will your company receive alcohol from?: 

APPLICATION INFORMATION


* Type of Organization: 

Doing Business As/Operating Name: 

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


State Where Incorporated: 

New Business Start Date/Date of Change: * 

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

SDS USER OPERATION INFO

* Estimated annual withdrawals of specially denatured spirits in wine gallons: 

* Purpose for which spirits will be used: 

* Do you recover SDS articles?:

Yes No

If yes, please provide a list of equipment used in the recovery process:


* Describe your alcohol storage area:

* Is the storage area secure to prevent unauthorized access?:

Yes No

* Is this area large enough to hold all the alcohol you may have on hand at any given time?:

Yes No

* Who will your company receive alcohol from?: 

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.:

TAX FREE OPERATION INFORMATION

* Estimated annual withdrawals of tax free spirits in proof gallons: ?

* Purpose for which spirits will be used: ?

* Do you recover tax-free alcohol?:

Yes No

List of Equipment Used in Recovery:

* Describe your alcohol storage area:

* Is the storage area secure to prevent unauthorized access?:

Yes No

* Is this area large enough to hold all the alcohol you may have on hand at any given time?:

Yes No

* Who will your company receive alcohol from?: ?

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. A Change of Proprietorship may be the result of brand new ownership and a proprietor unrelated to the predecessor (ABC Inc. takes over from DEF Inc), or may be the same individual(s) changing entity type (from a sole proprietor to an LLC, from a partnership to a corporation). A Change in General Partner(s) is when any partner in a general partnership changes, or when the general partner in a limited partnership changes. If only limited partners are changing, then you need to file an amended application only. If you are filing for either a Change of Proprietorship or Change in General Partner(s), you need to identify the permit number(s), registry number(s), and name and address of the predecessor company.

New Business: * ?

Change of Proprietorship - Ownership: * ?

Change of General Partner(s): * ?

Permit Number(s) of Predecessor:

Name and Address of Predecessor:

SHIP TO LOCATIONS

ONLY complete this section if you have additional Ship To locations other than your premises location (ex. a loading dock). Include name of building (if campus or university) and address of location where the alcohol will be shipped. Add multiple Ship To addresses by selecting Add Row for each location.

Ship to Permit Number:

Ship to Official's Name:

Ship to Company/Agency/Department Name:

* Ship to Address:

* Ship to City:

* Ship to State:

* Ship to Zip:

ADDITIONAL USE LOCATIONS

ONLY State agencies, political subdivisions thereof, or the District of Columbia may use this table. 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 locations. Add multiple Additional Use locations by selecting Add Row for each location.

* Use Address:

* Use City:

* Use State:

* Use Zip:

OFFICER/OWNERSHIP INFORMATION

AT MINIMUM ONE ROW MUST BE COMPLETED IN THIS TABLE

This table must be completed for every person that will be listed as a sole proprietor, partner, officer, director, member, managing member, or stockholder holding ownership of 10% or more as well as for any company / trust which is an owner / member pertaining to this application.

Before completing this table, submit *Owner Officer Information (OOI)* application(s) for every person / company / trust identified in the statement above.

After submitting all OOI application(s), you will receive an OOI Tracking Number(s) necessary to complete this table. Submit OOI application(s) in conjunction with this application.

Select "Add row" for each person or company/trust related to the application.

Contact TTB for more information or support about this section at 1-855-TTB-PONL (1-855-882-7665) M-F 8am - 4pm EST.

<p>* How is Officer/Owner Info Submitted?: ?</p> <p>--Select--</p>	<p>Officer/Owner Info Tracking No.:</p> <input type="text"/>	<p>* Officer/Owner Classification: ?</p> <p>--Select--</p>
<p>EIN:</p> <input type="text"/>	<p>First Name: ?</p> <input type="text"/>	<p>Middle Name:</p> <input type="text"/>
<p>Last Name: ?</p> <input type="text"/>	<p>Suffix:</p> <p>--Select--</p>	<p>Primary Title: ?</p> <p>--Select--</p>
<p>List Additional Titles: ?</p> <input type="text"/>	<p>Title if Other: ?</p> <input type="text"/>	<p>* Description of Duties or Relation to the Proposed Operation: ?</p> <input type="text"/>
<p>Company Name: ?</p> <input type="text"/>	<p>Trust Name: ?</p> <input type="text"/>	<p>* Percent Voting-Stock-Interest: ?</p> <input type="text"/>
<p>Investment in Business: ?</p> <input type="text"/>	<p>Source of Funds (SOF) Description: ?</p> <input type="text"/>	<p>How is SOF Documentation Submitted?: ?</p> <p>--Select--</p>

SIGNING AUTHORITY


Complete this table to establish *employees of the company* who have the authority to sign and act on behalf of the applicant / industry member with TTB. Select "Add row" for each person or title being granted authority. Contact TTB for more information or support about this section @ 1-855-TTB-PONL (1-855-882-7665) M-F 8am - 4pm EST or click [here](#) to access the PONL Customer Reference Guide.

MUST HAVE A MINIMUM OF ONE ROW COMPLETED.

* Authority Granted by: 


--Select--

Last Name: 

Title if Other: 

Date of Meeting:  

First Name: 

Suffix: 

--Select--


* Source of Authority: 

--Select--

* Type: 

--Select--

Middle Name:

Title: 

--Select--

Type of Board Meeting: 

--Select--



If Limited, Signing Authority Capacity: 

* Effective Date:



POWER OF ATTORNEY INFORMATION

Complete this table to establish *non employees* of the company (ex. consultants, outside Counsel, etc.) who have the authority to sign and /or act on behalf of the applicant / industry member with TTB. Select "Add row" for each person being granted power of attorney. Click [here](#) for VERY IMPORTANT information about submitting this information to TTB. Contact TTB for more information or support about this section @ 1-855-TTB-PONL (1-855-882-7665) M-F 8am - 4pm EST or click [here](#) to access the PONL Customer Reference Guide.



* First Name: 
Suffix:
--Select-- 


Middle Name:
* Address: 

* Last Name: 
* Phone Area Code: 

* Phone: 
Fax Number:

Phone Extension:
Email:

Fax Area Code:
* Type: 
--Select-- 

If Limited, Specific Powers to be Conferred: 


* Effective Date: 
 


Delete row

Add row

REQUEST FOR VARIANCE


Use this table to submit a Request for Alternate Method (Variance Request), a Request for Special Permission/Authorization, or a General Notification to TTB related to a variance or special permission. Select "Add row" for each additional request or notification you wish to submit with this application. Contact TTB for more information or support about this section @ 1-855-TTB-PONL (1-855-882-7665) M-F 8am - 4pm EST or click [here](#) to access the PONL Customer Reference Guide.

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

* Description of Request: 

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 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: 