

SCREENSHOTS FOR TTB F 5110.74

Application for an Alcohol Fuel Producer under 26 U.S.C. 5181

Application for New Alcohol Fuel Plant (Small, Medium, or Large)



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.

All address fields refer to the physical address of the location where your operations will be conducted. Use <http://zip4.usps.com/zip4/> to verify your address and enter each portion of the address exactly as it is shown by the USPS.

Premise Contact Name & Phone Number: In this section, you will supply information on the primary person within the applicant company with whom TTB will conduct a phone interview about the proposed operations, if necessary. You will be requested to submit a photocopy of the driver's license or other official State ID card for this person as an attachment if this is an original application or a change of proprietorship. This person must have signing authority on behalf of the applicant entity.

Historical Building: If your proposed premises are included in or eligible for inclusion in the National Register of Historic Places, you must answer "Yes". You will be required to provide documentation from your State Historic Preservation Office showing permission to conduct the proposed operations in that building. This information may already be on file with TTB.

Street #:	Fraction:	Direction:	* Street Name:	Type:	Suffix:
<input type="text"/>	<input type="text"/>	--Select--	test	--Select--	--Sele
Unit Type:	Unit No.:				
--Select--	<input type="text"/>				
Rural Address:	<input type="text"/>				
Other Address:	<input type="text"/>				
* City:	* State:	* Zip:	County:		
test	CA	23423-4234	<input type="text"/>		
* Premise Contact Name:	* Premise Phone Number:				
sdf	651-651-6512				
* Is your Building a Historical Building?:					
<input type="radio"/> Yes <input checked="" type="radio"/> No					

Step 1 : Contacts & Location > Mailing Address

* 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.**

Business Headquarters: This information pertains to the actual business entity or person applying for approval. **In this section, you will supply the name of the business as it will be shown on any forms, permits, or bonds, so it is important that you carefully and accurately complete that information. Please refer to our field specific Help button for details.**

Mailing Address: This is the name of the business, person or entity to which you want any mail to be addressed.

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 ? Christopher Dudley

Business Name: ?

Dud's Suds

First Name: Middle Name: Last Name:

Christopher B Dudley

* Address: ?

2306 Fairview Terrace

P.O. Box:

* City: * State: * Zip: ?

Alexandria VA 22303-

Country: ?

United States

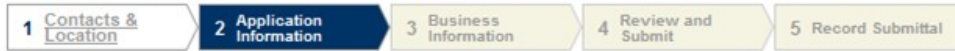
Primary Phone: ? Alternate Phone: ? Fax:

202-453-2033

E-mail: ?

chris.dudley@ttb.gov

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Step 2 : Application Information > Base Information

* 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:	<input checked="" type="checkbox"/>
Change of Proprietorship - Ownership:	<input type="checkbox"/>
Change of General Partner(s):	<input type="checkbox"/>
Permit Number(s) of Predecessor:	<input type="text"/>
Name and Address of Predecessor:	<input type="text"/>

APPLICATION INFORMATION

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

* Type of Organization:	<input type="text" value="Corporation"/>
Doing Business As:	<input type="text"/>
State Where Incorporated:	<input type="text" value="MI"/>
New Business Start Date/Date of Change:	<input type="text"/>
Start Date for New Business or Change Upon Approval by TTB: *	<input checked="" type="checkbox"/>

Application for New Alcohol Fuel Plant (Small, Medium, or Large)

1 **Contacts & Location** 2 **Application Information** 3 Business Information 4 Review and Submit 5 Record Submittal

Step 2 : Application Information > Officer-Owner Information

* indicates a required field.

Application Information

AFP OPERATION INFORMATION

If you do not own the property where the activity will take place, you must also submit 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 described in this application for an Alcohol Fuel Producer's Permit. Also include a copy of your lease agreement if applicable. Click [here](#) for the permission statement.

* Size of Plant:

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

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

* Description of security measures, such as locks, fences and alarms:

* Description of Plant Premises. Please attach diagram of Plant Premises as attached document at the end of the application:

* 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:

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Step 3 : Business Information > Business Info & Documents

* indicates a required field.

Application Information

AFP BASIC MATERIALS

Crop Residue: *

Forage Crops: *

Fruits or Fruit Products: *

Grain or Starch Products: *

Sugar Based Crops or Products: *

Other: *

If other, specify:

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:



STILL INFORMATION

* Still Manufacturer (if owner, state owner): ?

* Serial Number of Still: ?

* Kind of Still: ?

If Other, Specify:

* Capacity - Proof Gallons: ?

Delete row

Add row

STILL INFORMATION

* Still Manufacturer (if owner, state owner): ?

* Serial Number of Still: ?

* Kind of Still: ?

If Other, Specify:

* Capacity - Proof Gallons: ?

Delete row

Add row