

Among the screen shots below are the relevant PONL pages for the information collected for Power of Attorney designations, which are otherwise collected on the paper form TTB F 5000.8, Power of Attorney, approved under OMB control number 1513-0014.

While Power of Attorney designations may be entered into PONL, a respondent must print out TTB F 5000.8 and mail it to TTB because Power of Attorney designations require original signatures from the principal(s) and the designated attorney.

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Home Alcohol Permits & Registrations Tobacco Permits & Firearms Registration

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Application for New Brewery, Micro Brewery, or Brewpub

- 1 Contacts & Location
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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.

**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

\*First Name:  Middle Name:  \*Last Name:

Position/Title:

Business Name:

Address:

\*City:  \*State:  \*Zip:

Country:

\*Primary Phone:  Alternate Phone:  Fax:

E-mail:

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.

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Auto-fill with Christopher Dudley

\*Business Name:  \*Employer Identification Number:

Address:


\*City:  \*State:  \*Zip:

Country:

\*Primary Phone:  Alternate Phone:  Fax:

E-mail:  

[Continue Application »](#)

Save and resume later: 

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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 TT&B 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 TT&B.

Street #:  Fraction:  Direction:  \*Street Name:  Type:  Suffix:   
 Unit Type:  Unit No.:   
 Rural Address:   
 Other Address:   
 \*City:  \*State:  \*Zip:  County:   
 \*Premise Contact Name:  \*Premise Phone Number:   
 \*Is your Building a Historical Building?:  Yes  No

Continue Application >>

Save and resume later: 

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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:

First Name: Middle Name: Last Name:

\*Address:

P.O. Box:

\*City: \*State: \*Zip:

Country:

Primary Phone: Alternate Phone: Fax:

E-mail:

# (TTB Only): Dir (TTB Only): Street (TTB Only): Type (TTB Only): Suffix (TTB Only):

Unit (TTB Only): Unit # (TTB Only):

Continue Application »

Save and resume later.

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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. 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): \*

Registry 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:

State Where Incorporated:

New Business Start Date/Date of Change: \*

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

Continue Application >

Save and resume later:

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**Step 2 : [Application Information](#) > [Officer-Owner Information](#)**

\* indicates a required field.

**Application Information**

**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 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.

**\* How is Officer/Owner Info Submitted?:**

**You must enter at least one Owner or Officer**

--Select--

EIN:

Last Name: ?

List Additional Titles: ?

Company Name: ?

\* Investment in Business: ?

**Officer/Owner Info Tracking No.:**

First Name: ?

Suffix: ?

Title if Other: ?

Trust Name: ?

\* Source of Funds (SOF) Description:

**\* Officer/Owner Classification: ?**

Middle Name:

Primary Title: ?

\* Description of Duties or Relation to the Proposed Operation:

\* Percent Voting-Stock-Interest: ?

\* How is SOF Documentation Submitted?:

Delete row

Add row

**ALTERNATION OF PREMISES**

An Alternation of Premises refers to multiple operations being conducted at a location with alternating use of premises, equipment, or tanks between those operations. These operations must be between two or more different approved production commodity types, such as a winery, brewery, distillery, or TPWBH. Select "Add row" to show each additional alternation. Contact TTB for more information or support about this section @ 1-855-TTB-PONL (1-855-882-7665) M-F 8am - 4pm EST or to access the PONL Customer Reference Guide.

\* Type of Alternating Operation: ?

Permit Number (if known): ?

Registry Number (if known): ?

Operating Permit Number (if known): ?

Application Tracking Number: ?

Delete row

Add row

**ALTERNATION OF PROPRIETORS**

An Alternating Proprietorship (AP) occurs when a production facility (winery, brewery, distilled spirits plant) is used by more than one proprietor. All alternating proprietors are individually responsible for all aspects of the operations as outlined in each commodity Industry Circulars, if applicable, pertaining to Alternating Proprietorships. For a summary of responsibilities, you are required to submit an Alternating Proprietorship Agreement and a Diagram showing the area(s) that will be alternated in any area(s) that will be dedicated and never alternate, if any, and any tax paid areas. Select "Add row" to add additional alternations. 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.

\* Type of Arrangement: ?

Host Name: ?

Host Registry Number: ?

Tenant Name: ?

Tenant Registry Number: ?

Co-Tenant Name: ?

Co-Tenant Registry Number: ?

Delete row

Add row

**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: ?

**You must enter at least one Signing Authority**

--Select--

Last Name: ?

Title if Other: ?

Date of Meeting: ?

First Name: ?

Suffix: ?

\* Source of Authority: ?

\* Type: ?

Middle Name:

Title: \*

Type of Board Meeting: ?

If Limited, Signing Authority Capacity:



[Continue Application »](#)

Save and resume later: 

### POWER OF ATTORNEY INFORMATION

#### 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 applicant / industry member with TTB. Click [here](#) for VERY IMPORTANT information about submitting this information to TTB. Contact 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

* First Name: <input type="text"/>	Middle Name: <input type="text"/>	* Last Name: <input type="text"/>
Suffix: --Select--	* Address: <input type="text"/>	* Phone Area Code: <input type="text"/>
* Phone: <input type="text"/>	Phone Extension: <input type="text"/>	Fax Area Code: <input type="text"/>
Fax Number: <input type="text"/>	Email: <input type="text"/>	* Type: --Select--
If Limited, Specific Powers to be Conferred: <input type="text"/>	* Effective Date: <input type="text"/>	

Delete row

Add row

### TRADE NAMES / OPERATING NAME

Add a row for each trade name you will use which will be added to your permit and/or registration. A company may have only one Operating Name (DBA) per commodity. Please click [here](#) for additional rules that may apply to your trade name filings.

* Type: --Select--	Who will you be Bottling on Account For?: <input type="text"/>	* Name: <input type="text"/>
-----------------------	--	------------------------------

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 Modification to TTB rules.

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 re variance or special permission. Select "Add row" for each additional request or notification you wish to submit with this application. Contact TTB for more inform 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: ?

[Empty text area for description]

Delete row

Add row

[Horizontal scrollbar]

Continue Application >

Save and resume later: [icon]



If you have difficulty accessing any information in the site due to a disability, please contact us via email ([TTBWebmaster@ttb.gov](mailto:TTBWebmaster@ttb.gov)) and we will do our best to make the information available to you.

To contact TTB for more information or support in using the Permits Online system, please call 1-855-TTB-PONL (1-855-882-7665).

This site is best viewed at 1024 x 768 screen resolution or higher using Internet Explorer 7.0 or higher.

**ATTENTION:** Users may experience compatibility problems when attempting to view PDF files using Internet Explorer browser version 5 and above and Adobe Acrobat Reader 4.0. If problems occur, consider the following options: Right-click on PDF link and save to local drive; Use an earlier version of Adobe Acrobat Reader; Use an earlier version of Internet Explorer; or convert PDF to text using [TTB's PDF Conversion Engine](#).

**WARNING! THIS SYSTEM IS THE PROPERTY OF THE UNITED STATES DEPARTMENT OF TREASURY. UNAUTHORIZED USE OF THIS SYSTEM IS STRICTLY PROHIBITED AND SUBJECT TO CRIMINAL AND CIVIL PENALTIES. THE DEPARTMENT MAY MONITOR, RECORD, AND AUDIT ANY ACTIVITY ON THE SYSTEM AND SEARCH AND RETRIEVE ANY INFORMATION STORED WITHIN THE SYSTEM. BY ACCESSING AND USING THIS COMPUTER YOU ARE AGREEING TO ABIDE BY THE TTB RULES OF BEHAVIOR, AND ARE CONSENTING TO SUCH MONITORING, RECORDING, AND INFORMATION RETRIEVAL FOR LAW ENFORCEMENT AND OTHER PURPOSES. USERS SHOULD HAVE NO EXPECTATION OF PRIVACY WHILE USING THIS SYSTEM.**

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**Step 3 : Business Information > Business Info & Documents**

\*Indicates a required field.

Application Information

**BREWERY OPERATION INFO**

This section pertains to your proposed brewing operations and premises.

Our brewery is a B brewery/Microbrewery: <sup>\*</sup>

Brewpub (Tanks): <sup>\*</sup>

Brewpub (Bottles/Kege): <sup>\*</sup>

<sup>\*</sup> 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 mortgage, 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: <sup>\*</sup>

<sup>\*</sup> 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: <sup>\*</sup>

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

**BREW PUB STATEMENT**

If you marked that you are a brewpub, you must understand that your entire business location is the brewery premises. You must complete the following statements related to your brewpub operations acknowledging an understanding of the responsibilities and definitions of this designation.

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: <sup>\*</sup>

The serving tanks as noted on our attached diagram are our tax-determined beer tanks: <sup>\*</sup>

These tanks have a working capacity of approximately how many barrels/kegs: <sup>\*</sup>

Capacity measured in: <sup>\*</sup>

These tanks are accurately calibrated with appropriate measuring devices: <sup>\*</sup>

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: <sup>\*</sup>

We will make prompt and accurate records of these transactions to determine tax due: <sup>\*</sup>

Does the applicant plan to sell retail liquors other than beer?: <sup>\*</sup>  Yes  No

**BREWERY INFORMATION**

In this section, you will provide information pertaining to your status as a member of a controlled group, estimated production, the description of the brewery, and the security of the brewery premises at the physical location and address where your approved operations will take place.

<sup>\*</sup> Are you a member of a controlled group of breweries?:  Yes  No

Will the controlled group produce more than 60,000 but less than 2,000,000 barrels of beer per year?:

<sup>\*</sup> What is your estimated production in barrels per year?: If you produce between 60,000 and 2,000,000 barrels per year, you are entitled to the reduced rate of tax on the first 60,000 barrels removed for consumption or sale. If you produce less than 60,000 barrels per year, you are entitled to the reduced tax rate on all beer removed for consumption or sale:

<sup>\*</sup> Describe each tract of land comprising the brewery, and a listing of each brewery building by its designated letter or number, giving the approximate ground dimensions and the purpose for which ordinarily used:

<sup>\*</sup> Describe the layout of the brewery premises, including the location of the equipment, tanks, bottling lines, doors, windows, loading docks, empty keg storage, and packaged goods storage areas, including dimensions. This description will assist TTB in interpreting the Diagram submitted with the application:

If a brewpub, you must identify the portion of the brewery which will be operated as a tavern by providing the boundaries of the tavern. You must identify areas of the brewery which are accessible to the public and areas which are not. Describe security measures to be used to segregate public areas from non-public areas. 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: <sup>\*</sup>

Describe any areas which will be alternated, as

Application Information

**MEMBERS OF CONTROLLED GROUP**

Complete this table for each brewery location which is part of a controlled group. Select "Add row" for each brewery location being added. Contact TTB for more information about this table at 1-855-TTB-PONL(1-855-882-7665) M-F 8am - 4pm EST or click [here](#) to access the PONL Customer Reference Guide.

* Employer Identification Number:	* Registry Number:	* Company Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
* Brewery Location:	* Barrels of Beer at Reduced Rate per year:	
<input type="text"/>	<input type="text"/>	
<a href="#">Delete row</a>		
<a href="#">Add row</a>		

**NON-CONTIGUOUS LOCATIONS**

A Non-Contiguous premises situation occurs when a brewery premises proprietor wishes to use nearby location(s) (within a 10-mile driving distance from the brewery), which is physically separated from each other. The Non-Contiguous premise(s) must be part of one integrated operation and should not be a stand-alone operation.

* Non-contiguous Location Address:	* Description of Non-contiguous Premises:	* Distance from the Primary Operation in miles:
<input type="text"/>	<input type="text"/>	<input type="text"/>
* Operation Conducted:		
<input type="text"/>		
<a href="#">Delete row</a>		
<a href="#">Add row</a>		

**BREWERS BOND**

A brewery filing an original application must submit a bond with sufficient bond coverage. You may also file a new bond to reflect a new penal sum, switch in bond category (Surety, Cash, Treasury Security), or a change in surety company. If you are filing for a Change of Location, you may either submit a Superseding Bond within this table or a Consent of Surety form in a different table. If you are filing to add/remove a Non-contiguous location, you may also submit a Superseding Bond within this table. Select "Add Row" if you have more than one bond. Click [here](#) for additional instruction for submitting this information to TTB. Contact TTB for more information about this table at 1-855-TTB-PONL (1-855-882-7665) M-F 8am - 4pm EST or click [here](#) to access the PONL Customer Reference Guide.

* Bond Kind:	* Effective Date of Bond:	* Amount of Bond:
--Select--	<input type="text"/>	<input type="text"/>
* Bond Category:	If Surety - Surety Name:	If Surety - Bond Number:
--Select--	<input type="text"/>	<input type="text"/>
If Cash - Check Number:	Treasury Security - CUSIP Number:	Treasury Security - Maturity Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Treasury Security - Interest Rate:	Treasury Security - Par Value:	Treasury Security - Issue Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Federal Reserve Bank where deposited:	* Execution Date:	Expiration Date:
St. Louis, MO	<input type="text"/>	<input type="text"/>
<a href="#">Delete row</a>		
<a href="#">Add row</a>		

**CONSENT OF SURETY**

Complete this table to add information about a Consent of Surety that is needed if you are conducting certain operations not covered by your Bond. Sample language and a listing of the typical situations where a Consent of Surety might be needed can be found [here](#). IF YOUR APPLICATION IS NOT RELATED TO ONE OF THESE TYPES OF CHANGES, SKIP THIS SECTION.

Select "Add row" for each Consent of Surety being added. Contact TTB for more information or support about this section at 1-855-TTB-PONL(1-855-882-7665) M-F 8am - 4pm EST or click [here](#) to access the PONL Customer Reference Guide.

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?:	What is the dollar amount of the bond that you are changing?:
<input type="text"/>	--Select--	<input type="text"/>
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:
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Attachment**

Use the Attachment table to *upload* supplemental documents. Select "Upload a New Attachment" for each supplemental document that you are uploading. Contact TTB for more information or support about this table at 1-855-TTB-PONL (1-855-882-7665) M-F 8am - 4pm EST or click [here](#) to access the PONL Customer Reference Guide.

**Attachment List**

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

<u>Name</u>	<u>Type</u>	<u>Size</u>	<u>Date</u>	<u>Action</u>
No records found.				

▶ [Upload a New Attachment](#)

[Continue Application](#) »

Save and resume later: 