

PONL Screen Shots for Wine Premises Application

(Equivalent to TTB F 5120.25, Application to Establish and Operate Wine Premises, TTB F 5120.36, Wine Bond, and other TTB forms submitted by wine premises applicants)

=====

WINERY

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 and have signature authority.**

Business Headquarters: This section pertains to the business entity or person, if sole proprietor applying for approval. Supply your Legal Business Name as shown registered with the Internal Revenue Service (IRS). Individuals applying as a sole proprietor should use their given name.

Mailing Address: Provide the address where your mail is received.

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 ? kimberly.briedis

*First Name: Middle Name: *Last Name:

Position/Title:

Business Name: ?

Address:

*City: *State: *Zip:

Country:

*Primary Phone: Alternate Phone: Fax:

E-mail:

Business Headquarters

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Auto-fill with ?

* Business Name: ?	* Employer Identification Number ?	
<input type="text" value="test"/>	<input type="text" value="11-1111111"/>	
Address: <input type="text" value="550 main street"/>		
* City: <input type="text" value="cincinnati"/>	* State: <input type="text" value="OH"/>	* Zip: <input type="text" value="45202-"/>
Country: <input type="text" value="United States"/>		
* Primary Phone: <input type="text" value="513-684-6981"/>	Alternate Phone: <input type="text"/>	Fax: <input type="text"/>
E-mail: <input type="text" value="kimberly.briedis@ttb.gov"/>		
<input type="button" value="Clear"/>		

Premise Address

This section pertains to the physical location and address where your approved operations will take place.

Street #: <input type="text" value="550"/>	Fraction: <input type="text"/>	Direction: <input type="text" value="--Select--"/>	* Street Name: <input type="text" value="main"/>	Type: <input type="text" value="ST"/>	Suffix: <input type="text" value="--Sele"/>
Unit Type: <input type="text" value="--Select--"/>	Unit No.: <input type="text"/>				
Rural Address: <input type="text" value=""/>					
Other Address: <input type="text" value=""/>					
* City: <input type="text" value="cincinnati"/>	* State: <input type="text" value="OH"/>	* Zip: <input type="text" value="45202-1111"/>	County: <input type="text"/>		
* Premise Contact Name: <input type="text" value="ki briedis"/>	* Premise Phone Number: <input type="text" value="5116846981"/>				

Save and resume later:

Mailing Address

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Auto-fill with ?

Business Name: ?

First Name: Middle Name: Last Name:

* Address:

P.O. Box:

* City: * State: * Zip:

Country:

Primary Phone: Alternate Phone: Fax:

E-mail:

Save and resume later:

* 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: *

Change of Proprietorship - Ownership: *

Change of General Partner(s): *

Enter Permit Number of Predecessor:

Enter 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:


Doing Business As:

State Where Incorporated/Organized:

Start Date for New Business Upon Approval by TTB: *

Date of Change: * 

[Continue Application >](#)

Save and resume later: 

APPLICATION TYPE

Please select the ? next to each Application Type before making your selection to ensure you are choosing the correct one. If the application is submitted with an incorrect Application Type, you will have to re-apply to correct the error.

Bonded Winery - Producing and Blending Wine: *

Bonded Winery - Blending Wine Only:


Bonded Wine Cellar and Wine Blender:

Bonded Wine Cellar:

Tax Paid Wine Bottling House:

Cider Producer - Under 7% Alcohol Only:

[Continue Application >](#)

Save and resume later: 

OWNER BACKGROUND INFORMATION

* Has the applicant or any person listed on this application ever been denied a permit, license, or other authorization to engage in any business to manufacture, distribute, import, sell, or use alcohol products (beverage or nonbeverage) by any government agency (Federal, State, local or foreign) or had such a permit, license, or other authorization revoked, suspended, or otherwise terminated?: Yes No

If yes, provide details:

* Has the applicant or any person listed in this application ever been arrested for, charged with, or convicted of any crime under Federal, State, or Foreign laws other than traffic violations or convictions that are not felonies under Federal or State law.: Yes No

If yes, provide details including dates, places and final disposition:

OFFICER/ OWNERSHIP INFORMATION

Important! Ownership percentage should equal 100%. Select "Add a Row" to enter additional individuals, companies and/or trusts.

This information must be provided for every stockholder holding 10% or more, Sole Proprietor, Partner, Officer, Director, Trustee, Member and/or Managing Member as well as for any Company or Trust holding ownership in the Company.

* How is Officer/Owner Info Submitted?:

EIN:

Last Name:

Primary Title:

Officer/Owner Info Tracking No.: ?

First Name:

Suffix:

List Additional Titles:

* Officer/Owner Classification:

Middle Name:

Email Address:

Title if Other: ?

* Description of Duties or Relation to the Proposed Operation:

Company Name:

Trust Name: ?

* Percent Voting-Stock-Interest: ?



* Investment in Business:

* Financial Institution: Name, City and State: ?



ALTERNATION OF PREMISES

Select "Add a Row " for each additional commodity type (under the same ownership) being conducted at this location alternating the use of the premises.

*Type of Alternating Operation:  *Are you alternating with another entity?: Yes No  If yes, Name of Alternator:

If yes, Permit Number: If yes, Registry Number:



ALTERNATION OF PROPRIETORS

Select "Add a Row " for each Alternating Proprietor conducting operations at this location.

*Type of Arrangement: Host Name: Host Permit Number:

Host Registry Number: Tenant Name: Tenant Permit Number:

Tenant Registry Number: Co-Tenant Name: Co-Tenant Permit Number:

Co-Tenant Registry Number:

SIGNING AUTHORITY

Select "Add a Row" for each employee of the company who has the authority to sign and act on behalf of your company. Authority can be granted by title or individual.

Be sure to include any one who will be a registered user for COLAs and Formulas Online. Please note: Your permit must be APPROVED before you can register for these systems.

* Authority Granted by:

--Select--

Last Name:

Title if Other:

Date of Meeting:

* Effective Date:

Is this person authorized to prepare or review formula submissions?:

Yes No

Phone Number:

State:

--Select--

First Name:

Suffix:

--Select--

* Source of Authority:

--Select--

* Type:

--Select--

Is this person authorized to prepare or review label submissions?:

Yes No

Is this person authorized to submit formulas for approval?:

Yes No

Street:

Zip:

Middle Name:

Title:

--Select--

Type of Board Meeting:

--Select--

If Limited, Signing Authority Capacity:

Is this person authorized to submit labels for approval?:

Yes No

Does this person already have a COLAs Online and/or Formulas Online account with TTB?:

Yes No

City:

Email Address:

POWER OF ATTORNEY INFORMATION

Select "Add a Row " for each non-employee of the company you are granting the authority to sign or act on your behalf. Be sure to include any one who will be a registered user for COLAs and Formulas Online. Please note: Your permit must be APPROVED before you can register for these systems.

<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>* Address:</p> <input type="text"/>	<p>* Phone Area Code:</p> <input type="text"/>
<p>* Phone:</p> <input type="text"/>	<p>Phone Extension:</p> <input type="text"/>	<p>Fax Area Code:</p> <input type="text"/>
<p>Fax Number:</p> <input type="text"/>	<p>Email:</p> <input type="text"/>	<p>* Type:</p> <p>--Select--</p>
<p>If Limited, Specific Powers to be Conferred:</p> <input type="text"/>	<p>* Effective Date:</p> <input type="text"/>	<p>Is this person authorized to prepare or review label submissions?:</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Is this person authorized to submit labels for approval?:</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Is this person authorized to prepare or review formula submissions?:</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Is this person authorized to submit formulas for approval?:</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Does this person already have a COLAs Online and/or Formulas Online account with TTB?:</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>		
<p><input type="button" value="Submit"/> <input type="button" value="Cancel"/></p>		

X

NON-CONTIGUOUS LOCATIONS

Select "Add a Row " for each non-contiguous premises. The non-contiguous premises must be a continuation of the existing premises and must not be a stand alone operation.

<p>* Non-contiguous Location Address:</p> <input type="text"/>	<p>* Description of Non-contiguous Premises:</p> <input type="text"/>	<p>? * Distance from the Primary Operation in miles:</p> <input type="text"/>
<p>* Description of proposed Operation(s):</p> <input type="text"/>		
<p><input type="button" value="Submit"/> <input type="button" value="Cancel"/></p>		

CONSENT OF SURETY

Select "Add a Row " for each operation you plan to conduct that is not covered under your bond. Click [here](#) for a list of examples that will require a Change In Bond (Consent of Surety) NOTE: A TTb Form 5000.18, Change In Bond (Consent of Surety), must be completed and updated. ENTER THE INFORMATION BELOW FROM THE BOND THAT YOU ARE REQUESTING AN EXTENSION OF THE TERMS.

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?:

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:

X

TRADE NAMES / OPERATING NAME

Select "Add a Row " for each trade name you wish to use. Each trade name must be appropriately registered. Click [here](#) for general trade name rules. NOTE: You may only select one Operating Name (DBA).

*Type:

Who will you be Bottling on Account For?:

*Name:

*I certify that the listed trade name has been registered with my County (CA) or State (All States):

Yes No

X

REQUEST FOR VARIANCE

Select "Add a Row " for each Request for Alternate Method (Variance Request) or Request for Special Permission/Authorization. A letterhead notice must be updated for each request.

*Variance, Alternate Method, Special Permission Type:

*Description of Request:

WINERY INFORMATION

* Describe each Tract of Land by using directions and distances:

* Describe the Wine Premises Security:

* Describe any Taxpaid Wine Storage:

* Is your winery in a Residential Building?:

* Describe any Alternating Premises (if applicable):

* Describe each Wine Premises Building: Provide size, construction, use and location of doors and windows.:

* If you are applying as a Bonded Wine Cellar or Taxpaid Wine Bottling House, would you agree to the listing of your name by TTB that may be distributed to the general public upon request:

* Describe any operation which will include spirits:

* Describe any Volatile Fruit-Flavor Concentrate Operations produced:

* Describe any other operations you plan to conduct on the wine premises and equipment to be used:

Cider Producer - Under 7% Alcohol:

ENVIRONMENTAL INFORMATION

Enter "Not Applicable" as needed

* Enter Number of Employees (must be at least one):

* Address of Premises:

* Provide the name of your gas and electric company:

* Describe any air pollution control equipment in connection with heating:

* Describe any solid waste (Example: broken glass, grape must, cardboard):

* Describe means of disposal for solid waste (Example: commercial garbage collection, incineration):

* Describe any air pollution control equipment used with incinerators.:

* Describe any liquid waste (Example: wash water, spilled product):

* Describe means of disposal for liquid waste (Example: commercial sewer, septic system):

* Describe operational noise sources :

WATER QUALITY INFORMATION

Enter "Not Applicable" as needed

Describe a activity to be conducted:

Describe any liquid waste released into navigable waters:

Provide beginning and ending dates for the release:

Describe how you will monitor the quality and characteristics of the discharge:

WINE BOND

A wine premises proprietor (except for a Tax Paid Wine Bottling House) filing an original application must upload a wine bond with sufficient bond coverage. Click [here](#) to access a worksheet to assist in determining your correct bond coverage.

Select "Add a Row" to enter the information listed on your TTB Form 5120.36, Wine Bond. This information must match exactly with the uploaded form.

* Commodity Type:

* Bond Coverage - Operations:

* Bond Category:

If T-Note or T-Bond - CUSIP Number:

If T-Note or T-Bond - Issue Date:

* Bond Kind:

Bond Coverage - Deferral:

If Surety - Surety Name:

If T-Note or T-Bond - Interest Rate:

* Execution Date:

* Effective Date of Bond:

* Bond Coverage - Total Penal Sum:

If Surety - Bond Number:

If T-Note or T-Bond - Maturity Date:

RELATED BONDS AND PERMITS

Select "Add a Row " for each regulated Alcohol operation of the same ownership at this location.

* Commodity Type: Bond Form: Bond Category:

Surety Name if Applicable: Amount: Permit Number:

Registry Number:

STATEMENTS AND DOCUMENTS

Based on the answers that you provided, TTB has compiled a list of supporting documents that must be submitted with this application. Every document identified must be uploaded to this application within 15 days from the date you submitted to TTB or your application will be abandoned.

WARNING: Any information added within this Section will NOT be saved if you place the application in a Save and Resume Status. Therefore, we recommend you to wait to complete this section until you are ready to submit the application.

If a document is on file with a previous submission, click ACTIONS and select EDIT to change your Method of Submission.

Showing 1-2 of 2

<input type="checkbox"/> Document Type	Document Type if Other	Comments	Method of Submission	Permit, Registry or Tracking Number if on file with TTB	
<input type="checkbox"/> Letter of Intent From Foreign Supplier			Uploaded		Actions ▼
<input type="checkbox"/> Meeting Minutes			Uploaded		Actions ▼

Attachment

Click "Browse" to search your computer for each of the required documents that need to be uploaded. Completing this section will require you to have previously saved each document on your computer.

Users running Apple OS X 10.6.8 or later should click [here](#) for instructions to provide their supporting documents.

WARNING: You will be required to select a document "TYPE" and "Description" of each uploaded document. You MUST select the SAVE button at the bottom of this screen BEFORE clicking the Continue Application button to ensure all the uploaded documents are successfully attached to your application.

Attachment List


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

Name	Type	Size	Date	Action
No records found.				
<input type="button" value="Browse"/>				
<input type="button" value="Continue Application »"/>				Save and resume later: <input type="button" value="📁"/>

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.

I understand that I may not produce or receive product until the premises and operations are approved by the Director, National Revenue Center.

* 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: 

[Continue Application »](#)

Save and resume later: 