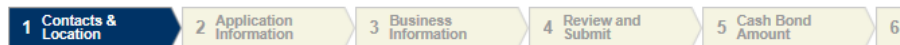


Permits Online DSP Application Screen Shots

(For equivalent of TTB F 5100.16, Application for Transfer of Spirits and/or Denatured Spirits in Bond, see “Transfer in Bond” section on page 19.)

Application for New Distilled Spirit Plant (Beverage and Industrial)



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 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 ? 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 and have signature authority.**

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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 ? Christopher Dudley ▼

* Business Name: ? * Employer Identification Number ?

Address:

* City: * State: ? --Select-- ▼ * Zip:

Country: ? --Select-- ▼

* Primary Phone: Alternate Phone: Fax:

E-mail:



Save and resume later:

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.

Street #:	Fraction:	Direction:	* Street Name:	Type:	Suffix:
<input type="text"/>	<input type="text"/>	--Select-- ▾	<input type="text"/>	--Select-- ▾	--Selec ▾
Unit Type:	Unit No.:				
--Select-- ▾	<input type="text"/>				
Rural Address:					
<input type="text"/>					
Other Address:					
<input type="text"/>					
* City:	* State:	* Zip:	County:		
<input type="text"/>	--Select-- ▾	<input type="text"/>	<input type="text"/>		
* Premise Contact Name:	* Premise Phone Number:				
<input type="text"/>	<input type="text"/>				

[Continue Application »](#)

Save and resume later: 

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 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 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:

Save and resume later: 

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: * 

Change of Proprietorship - Ownership: * 

Change of General Partner(s): * 

Enter Permit Number of Predecessor:

Enter Operating Permit Number of Predecessor:


Enter Registry Number of Predecessor:

Enter Name and Address of Predecessor:

APPLICATION INFORMATION

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


* Type of Organization: 

State wher Incorporated/Organized: 

Start Date for New Business Upon Approval by TTB: *

Date of Change: * 

[Continue Application »](#)

Save and resume later: 

Application Information

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?:

Officer/Owner Info Tracking No.: ?

* Officer/Owner

Classification:

EIN:

First Name:

Middle Name:

Last Name:

Suffix:

Email Address:

Primary Title: ?

List Additional Titles:

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: ?

* Source of Funds (SOF) Description: ?

* How is SOF Documentation Submitted?: ?

Submit

Cancel



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:	<input type="text" value="--Select--"/>	<input type="text"/>	Permit Number (if known):	<input type="text"/>	Registry Number (if known):	<input type="text"/>
Operating Permit Number (if known):	<input type="text"/>	Application Tracking Number:	<input type="text"/>			

ALTERNATION OF PROPRIETORS

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

* Type of Arrangement:	<input type="text" value="--Select--"/>	Host Name:	<input type="text"/>	Host Permit Number:	<input type="text"/>
Host Registry Number:	<input type="text"/>	Host Operating Permit Number:	<input type="text"/>	Tenant Name:	<input type="text"/>
Tenant Permit Number:	<input type="text"/>	Tenant Registry Number:	<input type="text"/>	Tenant Operating Permit Number:	<input type="text"/>
Co-Tenant Name:	<input type="text"/>	Co-Tenant Permit Number:	<input type="text"/>	Co-Tenant Registry Number:	<input type="text"/>
Co-Tenant Operating Permit Number:	<input type="text"/>				

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 anyone 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:

Last Name:

Title if Other:

Date of Meeting:



* Effective Date:



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

Yes No

First Name:

Suffix:

* Source of Authority:

* Type:

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

Yes No

Is this person authorized to submit formulas for approval?:

Yes No

Middle Name:

Title:

Type of Board Meeting:

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

Phone Number:

State:

Street:

Zip:

City:

Email Address:

Submit

Cancel

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 anyone 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.

* First Name:

Suffix:

Middle Name:

* Address:

* Last Name:

* Phone Area Code:

* Phone:

Phone Extension:

Fax Area Code:

Fax Number:

Email:

* Type:

If Limited, Specific Powers to be Conferred:

* Effective Date:

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

Yes No

Is this person authorized to submit labels for approval?:

Yes No

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

Yes No

Is this person authorized to submit formulas for approval?:

Yes No

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


Yes No

Submit

Cancel

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  * Name:
For?:

* I certify that the listed trade name has been registered with my County (CA) or State (All States):
 Yes No

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 uploaded for each request.


* Variance, Alternate Method, Special Permission Type: * Description of Request: 

Application Information

DSP OPERATION TYPE

*What Type of Distilled Spirits Plant Operation(s) are you applying for?:

DSP BEVERAGE OPERATION INFO

Distiller: 

Warehouseman: 

Processor (Rectifier): 

Processor(Bottling): 

Provide the total proof gallons of spirits that can be produced daily:

Describe step by step procedures used to produce spirits from an original source. Beginning with treating, mashing or fermenting of raw materials and continuing through each step; distilling, purifying and refining and production gauge.:

Describe how you plan to store "Bulk" Spirits:

Provide the total amount of bulk wine gallons that can be stored:

Describe the storage for bottled, cased and packaged spirits.:

Will spirits be redistilled?: Yes No

DSP INDUSTRIAL OPERATION INFO

Distiller: * ?

Warehouseman: * ?

Bottling or Packaging: * ?

Denaturing Spirits: * ?

Manufacturing Articles: * ?

Processor - Other: * ?

If other, specify:

Provide the total proof gallons of spirits that can be produced daily:

Describe step by step procedures used to produce spirits from an original source. Beginning with treating, mashing or fermenting of raw materials and continuing through each step; distilling, purifying and refining and production gauge:

Describe how you plan to store "Bulk" Spirits:

Provide the total amount of bulk wine gallons that can be stored:

Describe the storage for bottled, cased and packaged spirits:

Will spirits be redistilled?: Yes No

DSP INFORMATION

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

* Describe each bonded premise building; provide size by using directions and distances, construction, use of each building, location of doors and windows and any outside tanks.:

* Describe your General Premises which include all areas of plant that can not be covered under the bond:

* Specify when only a room or floor of a building will be used for plant operations and provide the location and description of the building, floor and room:

Description of Alternating Premises (if applicable):

* Give the maximum number of proof gallons that will be produced, stored and in transit to the bonded premises during a 15 day period:

* A general description of the physical security at the distilled spirits plant, including methods used to secure buildings or plant operation located within a portion of the building and outdoor tanks:

* Will any guard personnel be employed?: Yes No

* Will any electronic or mechanical alarm system be used?: Yes No

* I certify that locks used will meet the following specifications as required in the Code of Federal Regulations, Part, 19.192 (f). (i) Corresponding serial number on the lock and on the key, except for master key locking systems; (ii) Case hardened shackle at least one-fourth inch in diameter, with heel and toe locking; (iii) Body width of at least 2 inches; (iv) Captured key feature (key may not be removed while shackle is unlocked); (v) A tumbler with at least 5 pins; and (vi) A lock and key containing no biting data:

* List of persons, by their position and title who will have responsibility for the custody and access to keys for the locks.:

* I certify that accounting records for this distilled spirits plant will be maintained in accordance with generally accepted accounting principles.:

If any other business is to be conducted on the distilled spirits plant premises, as provided in subpart D of this part, a description of the business, a list of the buildings and/or equipment to be used, and a statement as to the relationship, if any, of the business to distilled spirits operations at the plant:

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 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:

DSP EQUIPMENT

Select "Add a Row" to list all stills, tanks and condensers used in production, storage and processing of distilled spirits, wine, denatured spirits and articles.

* Type of Equipment:

If other equipment, please describe:

* Serial Number:

Capacity:



Kind of Still:

If other still, please describe:

How Used/Intended Use:

Submit

Cancel

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.

* Non-contiguous Location Address:

* Description of Non-contiguous Premises:

? * Distance from the Primary Operation in miles:

* Description of proposed Operation(s):

Submit Cancel

DSP BOND

A Distilled Spirits Bond (TTB F 5110.56) with sufficient coverage is required. Click [here](#) to determine the amount needed for the operation(s) being conducted. Select "Add a Row" to enter the information from the Distilled Spirits Bond.

* Type of Bond: ?

Operations Coverage:

* Bond Category:

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

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

Operations Coverage - Processor

* Bond Kind:

Withdrawal Coverage:

If Surety - Surety Name: ?

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

Operations Coverage - Distiller

Operations Coverage - Adjacent Bonded Wine Cellar

* Effective Date of Bond:

* Amount of Bond:

If Surety - Bond Number:

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

Operations Coverage - Warehouseman

* Execution Date: ?

Submit Cancel

RELATED BONDS AND PERMITS






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

* Commodity Type: --Select--	Bond Form: --Select--	Bond Category: --Select--
Surety Name if Applicable: [Text Box]	Amount: [Text Box]	Permit Number: [Text Box]
Registry Number: [Text Box]		
Submit	Cancel	

TRANSFER IN BOND

Select "Add a Row" if you will receive bulk spirits and/or denatured spirits in bond from another domestic distilled spirits plant or alcohol fuel producer. You must hold a current bond with sufficient operation coverage to cover the tax on the spirits and/or denatured spirits being transferred.

Note: Once approved a transfer in bond form will be generated and attached to your application. A copy should be supplied to the company who transferred the spirits.

* Serial Number:  [Text Box]	<input type="checkbox"/> To be Transferred - Spirits	<input type="checkbox"/> To be Transferred - Denatured Spirits
* Permit/Registry Number of Shipper: [Text Box]	* Premise Address of Shipper: [Text Box]	* Company Name of Shipper: [Text Box]
Approval Date of Receiver Bond: [Text Box] 	* Do you have maximum bond coverage?: <input type="radio"/> Yes <input type="radio"/> No	Amount of Operations Coverage:  [Text Box]
Quantity of Spirits Transferred:  [Text Box]	Quantity of Denatured Spirits Transferred: [Text Box]	 Comments: [Text Box]
* Name and Title of Authorized Person for Receiving Plant: [Text Box]		



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 inf Bond (Consent of Surety), must be completed and uploaded. 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::

Submit

Cancel

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 1-4 of 4

<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"/> Lease Agreement or Proof of Property Ownership			Uploaded		Actions ▼
<input type="checkbox"/> Source of Funds Documentation			Uploaded		Actions ▼
<input type="checkbox"/> Diagram, Plant or Plan			Uploaded		Actions ▼
<input type="checkbox"/> Bond Form			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.				

Save and resume later:

Application Information

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: