

PONL Screen Shots – New Manufacturer of Tobacco Products Application

General PONL log-in page:

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[Home](#) | [Alcohol Permits & Registrations](#) | [Tobacco Permits & Firearms Registration](#)

PERMITS ONLINE

Welcome to the Alcohol and Tobacco Tax and Trade Bureau (TTB) Permits Online System

We are pleased to offer all of our industry members access to TTB government services online, 24 hours a day, 7 days a week, fulfilling our desire to deliver more efficient, convenient, and interactive e-government services. [Click here for a description of application types](#) currently available..

To use any of the services we provide you must have a user account. If you have already registered for your account you can login using the [Login](#) link at the top of the screen. If you do not have an account, please select [Register for an Account](#) and create a user account to get started. To contact TTB for more information or support in using the Permits Online system, please call 1-855-TTB-PONL (1-855-862-7665).

Each user must obtain an individual User ID and password which is not to be shared with anyone.

The sharing of your Permits Online User Name and Password is [strictly prohibited](#). Such violation is in violation of the Federal Information Security Management Act (FISMA) (Public Law 107-347)

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.

[Privacy Act Statement](#) | [Privacy Impact Assessment](#) | [Paperwork Reduction Act Notice](#)

11:04 AM
4/26/2016

➤ MANUFACTURER OF TOBACCO PRODUCTS

* 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 who 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: --Select-- ▼ *Zip:

Country: --Select-- ▼

Primary Phone: Alternate Phone: Fax:

E-mail:

Business Headquarters

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Auto-fill with ? Kimberly Briedis

* Business Name: ?

* Employer Identification Number ?

* Address:

* City: * State: * Zip:

Country:

Primary Phone: Alternate Phone: Fax:

E-mail:


* 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--	--Select--
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

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Auto-fill with ? kimberly brisdle ▼

Business Name: ?

* First Name: Middle Name: * Last Name:

* Address:

P.O. Box:

* City: * State: --Select-- ▼ * Zip:

Country: --Select-- ▼

Primary Phone: Alternate Phone: Fax:

E-mail:

OWNER BACKGROUND INFORMATION

* Have you or any persons associated with this application been subject to or are currently subject to legal proceedings involving a felony violation of any provision of Federal criminal law relating to tobacco products, processed tobacco, cigarette paper, or cigarette tubes? Yes No

If yes, provide details of each occurrence:

^

v

* Have you or any persons associated with this application been convicted of a felony violation of any provision of Federal criminal law relating to tobacco products, processed tobacco, cigarette paper, or cigarette tubes? Yes No

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

^

v



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?: --Select--	Officer/Owner Info Tracking No.: ? _____	* Officer/Owner Classification: --Select--
EIN: _____	First Name: _____	Middle Name: _____
Last Name: _____	Suffix: --Select--	Email Address: _____
Primary Title: ? --Select--	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?: ? --Select--	

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.

* 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:

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

Yes No

Phone Number:

State:

--Select--

Submit

Cancel

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:

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:

X

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.

* First Name: <input type="text"/>	Middle Name: <input type="text"/>	* Last Name: <input type="text"/>
Suffix: <input type="text"/>	* 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: <input type="text"/>
If Limited, Specific Powers to be Conferred: <input type="text"/>	* Effective Date: <input type="text"/>	Is this person authorized to prepare or review label submissions?: <input type="radio"/> Yes <input type="radio"/> No
Is this person authorized to submit labels for approval?: <input type="radio"/> Yes <input type="radio"/> No	Is this person authorized to prepare or review formula submissions?: <input type="radio"/> Yes <input type="radio"/> No	Is this person authorized to submit formulas for a approval?: <input type="radio"/> Yes <input type="radio"/> No
Does this person already have a COLAs Online and/or Formulas Online account with TTB?: <input type="radio"/> Yes <input type="radio"/> No		
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>		

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: <input type="text"/>	* Name: <input type="text"/>	* I certify that the listed trade name has been registered with my County (CA) or State (All States): <input type="radio"/> Yes <input type="radio"/> No
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>		

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: ? <input type="text"/>	* Description of Request: <input type="text"/>
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	

Application Information

MANUFACTURER OPERATION INFO

Select the type(s) of tobacco product(s) you will be manufacturing. Refer to the Code of Federal Regulations, 27 CFR 40.11 for a definition of each type of tobacco product.

- Large Cigars:*
- Small Cigars:*
- Large Cigarettes:*
- Small Cigarettes:*
- Chewing Tobacco:*
- Pipe Tobacco:*
- Snuff:*
- Roll Your Own:*
- Processed Tobacco - Ships To Others:*

TOBACCO PRODUCTS INFO

* Describe Bonded Premises Building: Provide size, construction, use and location of doors and windows:

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:

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 standalone operation.

* Non-contiguous Location Address:

* Description of Non-contiguous Premises:

* Distance from the Primary Operation in miles:

* Description of proposed Operation(s):

Submit

Cancel



TOBACCO BOND

A Tobacco Bond (TTB F 5200.29) with sufficient coverage is required. Select "Add a Row" to enter the information from the Tobacco Spirits Bond.

* Bond Kind: **You must enter at least one Bond**

* Type of Bond:

* Effective Date of Bond:

* Amount of Bond:

* Bond Category:

If Surety - Surety Name:

If Surety - Bond Number:

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

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

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

If T-Note or T-Bond - Par Value:

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

* Execution Date:



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 of 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:

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 1-6 of 6

<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"/> Copy of Drivers License or Official State ID Card			Uploaded		Actions ▼
<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, Plan or Plan			Uploaded		Actions ▼
<input type="checkbox"/> Organizational Documents			Uploaded		Actions ▼
<input type="checkbox"/> Bond Form			Uploaded		Actions ▼

[Add a Row](#) ▼ [Edit Selected](#) [Delete Selected](#)

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.				

< >

[Browse](#)

[Continue Application »](#)

Save and resume later: 

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: 