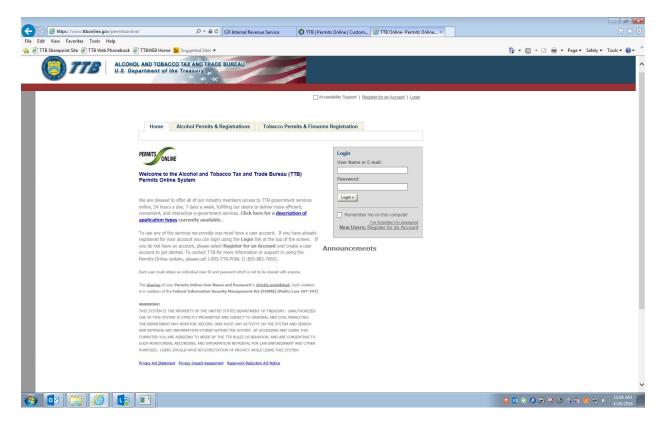
PONL Screen Shots - New Manufacturer of Tobacco Products Application

General PONL log-in page:



> MANUFACTURER OF TOBACCO PRODUCTS

· muncaces a required freid.

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.

Auto-fill with (1) Kimberly briedle
*First Name: Middle Name: *Last Name:
Position/Title
Business Name:
*Address:
*City:
Country:
Primary Phone: Alternate Phone: Fax:
E-mail:
Cear

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:

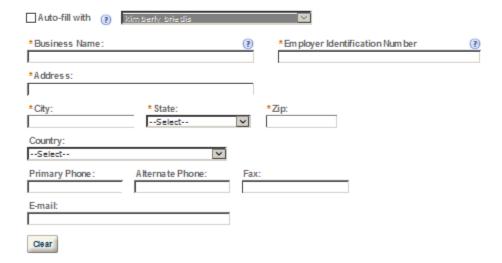
Application Contact: This information pertains to the primary person who will track the application in Permits Online and receive email notifications from TTB. The Person listed as the Application Contact must be a registered user of Permits Online and have signature authority.

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.



Premise Address

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

Street#: Fi		Direction:	* Street Nam	e:	Type:	ıffix: Seled ∨		
Unit Type:	V	Unit No.:						
Rural Address:			?					
Other Address:			?					
*City:		* State: Select	*Zip	X	County:			
*Premise Contact	Name:	* Premi	se Phone Nun	nber:	1			
Continue Application	n »					Save and	resume late	

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 (3) Rimberly briedis	V
Business Name:	②
*First Name: Middle Name: *Las	st Name:
*Address:	
P.O. Box:	<u>'</u>
*City: *State:	*Zip:
Country:	<u> </u>
Primary Phone: Alternate Phone	_
E-mail:	
Clear	

OWNER BACKGROUND INFORMATION		
*Have you or any person 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:		^ ~
* Have you or any person a ssociated 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?:		
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:	
Select		Seled ✓	
EIN:	First Name:	Middle Name:	
Last Name:	Suffix:	Email Address:	
	Select		
Primary Title:	List Additional Titles:	Title if Other:	
Select	<u>^</u>		
	~		
* Description of Duties or Relation to the Proposed Operation:	Company Name:	Trust Name:	
riopose a operation.			
^			
~			
*Percent Voting-Stock-Interest: (?)	* Investment in Business:	* Financia I Institution: Name,	?
		City and State:	
		_	
		~	
* Source of Funds (SOF) Description: (?)	* How is SOF Documentation Submitted?:		
	Select v		
~			
Submit			

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.

*A uthority Granted by:Select	First Name:	Middle Name:
Last Name:	Suffix:	Title:
Title if Other:	*Source of Authority:	Type of Board Meeting: (*)Select
Date of Me eting:	*Type:Seled	If Limited, Signing Authority Capacity:
*Effective Date:	Is this person authorized to prepare or review label submissions?: Yes No	Is this person authorized to submit labels for approval?:
Is this person authorized to prepare or review formula submissions?: \(\rightarrow \text{Yes} \rightarrow \text{No} \)	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
Phone Number: State:Select	Street: Zip:	City: Ema il Address:
Submit Cance		

POWER OF ATTORNEY INFORMATION

Select "Add a Row " for each non-employee of the company you are granting the authority to sign or action your behalf.

* First Name:	Middle Name:	*Last Name:
Suffix:	* A ddress:	*Phone Area Code:
Select		
	^	
	~	
*Phone:	Phone Extension:	Fax Area Code:
Fax Number:	Email:	*Type:
		Select
If Limited, Specific Powers to be	*Effective Date:	Is this person authorized to prepare or
Conferred:		review label submissions?:
		O Yes O No
~		
Is this person authorized to submit labels		Is this person authorized to submit
for approval?:	review formula submissions?:	formula s for a pproval?:
O Yes O No	O Yes O No	O Yes O No
Does this person already have a COLAs Online and/or Formulas Online account		
with TTB?:		
O Yes O No		
Submit Cance!		
		,
TRADE NAMES / OPERATING NA		
Select "Add a Row " for each trade name you wish NOTE: You may only selectione Operating Name(DE		bte red. Click <u>he re</u> for general trade name rules.
NOTE. You may only selectone operating Name(Do	on).	
*Type:	* Name:	*I certify that the listed trade name has
Select		been registered with my County (CA) or
		State (All States): O Yes O No
		O 125 O 140
Submit Cancel		

REQUEST FOR VARIANCE

Cancel

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, A	Iternate Method, Special Permission Type:	?	*Description of Request:
Select		V	^
			~
Submit	Cancel		

Application Information		
MANUFACTURER OPERATION INFO Select the type(s) of tobacco products(s) you will be tobacco product.	e manufacturing. Refer to the Code of Federal Regulations, 27 CFR 40.11 for a definition of e	ach type of
Large Cigars:*	③ □	
Small Cigars:*	③ □	
Large Cigarettes:*	③ □	
Small Cigarettes:*	② □	
Chewing Tobacco:*	② □	
Pipe Tobacco:*	③ □	
Snuff:*	③□	
Roll Your Own:*	③ □	
Proces sed Tobacco - Ships To Others:*	③ □	
TOBACCO PRODUCTS INFO		
*Describe Bonded Premises Building: Provid size, construction, use and location of doors windows:		^

ENVIRONMENTAL INFORMATION Enter "Not Applicable" as needed		
*Enter Number of Employees (must be at least one):		
*Address of Premises:	^	
	V	
*Provide the name of your gas and electric company:	^	
	~	,
*Describe any air pollution control equipment in connection with heating:	^	
	V	
*Describe any solid waste (Example: broken glass, grape must, cardboard):	^	
	<u> </u>	
*Describe means of disposal for solid waste (Example: commercial garbage collection, incineration):	^	
	~	1
*Describe any air pollution control equipment used with incinerators.:	^	
	~	1
*Describe any liquid waste (Example:wash water, spilled product):	^	
	~	
*Describe means of disposal for liquid waste (Example:commercialsewer, septic system):	^	
	~	*
*Describe operational noise sources:	^	
		1

VATER QUALITY INFORMATION inter "Not Applicable" as needed		
Describe activity to be conducted:	(3)	^
		~
Describe any liquid waste released into vigable waters:		^
		~
Provide beginning and ending dates for lease:	he	^
		~
Decribe how you will monitor the quality haracteristics of the discharge:	and	^
		~
VON-CONTIGUOUS LOCATION elect "Add a Row " for each non-contiguous pr tand alone operation.	S mises. The non-contiguous premises must be a continuation of the ex	isting premises and must not be a
Non-contiguous Location Address:	*Description of Non-contiguous Pre mise s: * Distance from ile s:	om the Primary Operation in
Description of proposed Operation(s):		
^		

Submit

Cancel

×

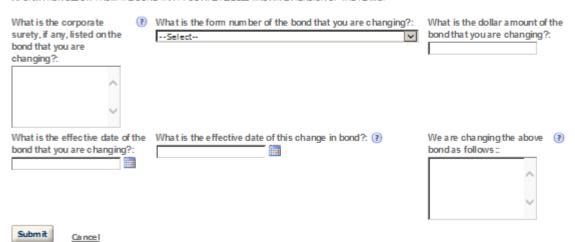
TOBACCO BOND

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	*Type of Bond:	*Effective Date of Bond:
one Bond	Select	
Select		
*Amount of Bond:	*Bond Category:	If Surety - Surety Name: 🕐
0	Select	
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:		
Submit		

CONSENT OF SURETY

Select "Add a Row " for each operation you plan to conduct that is not covered under your bond. Click head (Consent of Surety), NOTE: A TTB Form 5000.18, Change of Bond (Consent of Surety), must be completed and uploaded. BNTER THE INFORMATION BELOW FROM THE BOND THAT YOU ARE REQUESTING AN EXTENSION OF THE TERMS.



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.

VIA RNING: Any information added within this Section will NOT be saved if you place the application in a Save and Resume Status. Therefore, wie 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

Document Type	Document Type If Other	Comments	Method of Submission	Permit, Registry or Tracking Number if on file with TTB	
Copy of Drivers Libense or Official State ID Card			Uploaded		Actions ~
Lease Agreement or Proof of Property Ownership			Uploaded		Actions ~
Source of Funds Documentation			Uploa de d		Actions ~
Diagram, Plantor Plan			Uploaded		Actions ~
Organizational Documents			Uploaded		Actions 🕶
Bond Form			Uploaded		Actions ~
Adda Row V 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	Тү рө	Size	Date	Action	
No records found.					
<					>
Browse					
Continue Application »				Save and resume la	ater.

YOUR DECLARATION

You must check the associated box to indicate that you declare, under penalities 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.:	
* Dec laration Date :	
Continue Application »	Save and resume later: